

PREA Facility Audit Report: Final

Name of Facility: Boonville Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/18/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Valerie Wolfe Mahfood	Date of Signature: 06/18/ 2023

AUDITOR INFORMATION	
Auditor name:	Mahfood, Valerie Wolfe
Email:	wolfemahfood@aol.com
Start Date of On-Site Audit:	04/29/2023
End Date of On-Site Audit:	05/01/2023

FACILITY INFORMATION	
Facility name:	Boonville Correctional Center
Facility physical address:	1216 East Morgan Street , Boonville, Missouri - 65233
Facility mailing address:	

Primary Contact	
Name:	Darren. Snellen
Email Address:	Darren.Snellen@doc.mo.gov
Telephone Number:	573-526-6417

Warden/Jail Administrator/Sheriff/Director	
Name:	Justin Page, Warden
Email Address:	Justin.Page@doc.mo.gov
Telephone Number:	660-882-6521 ext 101

Facility PREA Compliance Manager	
Name:	Stanley Knipp
Email Address:	stanley.knipp@doc.mo.gov
Telephone Number:	O: 660-882-6521 104
Name:	Felicia Murphy
Email Address:	felicia.murphy@doc.mo.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Clare Dudenhoeffer, HSA
Email Address:	Clare.Dudenhoeffer@doc.mo.gov
Telephone Number:	660-882-6521 ext 163

Facility Characteristics	
Designed facility capacity:	842
Current population of facility:	816

Average daily population for the past 12 months:	807
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	19 to 69 years of age
Facility security levels/inmate custody levels:	C-1 Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	227
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	20

AGENCY INFORMATION

Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:

Name:	Anne L. Precythe
Email Address:	Anne.Precythe@doc.mo.gov

Telephone Number:	573-526-6607
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Agency-Wide PREA Coordinator Information			
Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
7	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.14 - Youthful inmates • 115.16 - Inmates with disabilities and inmates who are limited English proficient • 115.32 - Volunteer and contractor training • 115.51 - Inmate reporting • 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers • 115.401 - Frequency and scope of audits
Number of standards met:	

38	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-29
2. End date of the onsite portion of the audit:	2023-05-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	842
15. Average daily population for the past 12 months:	807
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	818
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	00
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	00
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	00
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	00
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	00

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	4
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	00
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	00 = A running count of this category of inmate is not tracked within the facility.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	295
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	23

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	21
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	NA
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst population

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Housing Rosters
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	NA
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed of investigative case files in conjunction with the facility roster.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	6
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed facility documentation, asked staff working in segregated areas, and asked all inmates interviewed for relevant information.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	1 Targeted offender declined the opportunity to interview.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender, race, ethnicity, languages spoken, or other distinguishing factors amongst staff relative to their employment

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	NA
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Training staff, Chaplain, and local hospital SAFE/SANE
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	NA
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	NA
Documentation Sampling	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Additional documentation sampling respective to the interview component of the triangulation process.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	0	5	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	5	0	5	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	3	0	3	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	4	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	1	4	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	3	0
Total	0	0	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

5

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

3

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There was a total of eight sexual abuse/harassment allegations presented at Boonville during the audit time frame. All investigations were reviewed.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 • MDOC PREA Organizational Chart, 10/22 • MDOC Organizational Chart, 2018 • BCC Organizational Chart, 2019 <p>Interviews:</p>

- Agency Head
- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Agency PREA Coordinator, in conjunction with an Assistant PREA Coordinator and the Boonville Correctional Center (BCC) PREA Compliance Manager, oversees the BCC PREA program.
- The BCC PREA Site Coordinator is physically assigned to the BCC and maintains a permanent office, with routine activities, within said institution as a function of staff assignment.

Standard Subsections:

(A) D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19, provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It outlines the agency's approach to preventing, detecting, and responding to such conduct. It also works to establish "the department's zero tolerance for offender sexual abuse and harassment and establishes strategies and responses to reduce and prevent offender sexual abuse and harassment" (D1-8.13).

(B) The agency has employed an agency-wide PREA Coordinator. This position is within the upper hierarchy of organizational authority within the MDOC. The PREA Coordinator's sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. In doing so, the PREA Coordinator is charged with the direct supervision of one Assistant PREA Coordinator. The PREA Coordinator, in coordination with the Assistant PREA Coordinator and facility wardens, oversee the implementation of PREA standards at the facility level.

	<p>(C) The State of Missouri operates numerous penal institutions. Each warden within said institution has been charged with designating a PREA Compliance Manager. The BCC Warden affirms designation of the BCC PREA Site Coordinator to serve in this capacity. The BCC PREA Site Coordinator further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure the agency operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated persons. As well, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. In addition to the overall agency policy, each facility, to include BCC, has further developed its own coordinated response plan to effectively apply the agency's broad policy to the uniqueness of their individual units. Such forethought ensures that every facet of the agency's policy is included in the standard operating procedures unique to every institution. Additionally, though the standard requires the minimum staffing of one agency-wide PREA Coordinator with individual PREA Compliance Managers assigned to each facility, the State of Missouri has exceeded this requirement through the additional employment of an Assistant PREA Coordinator. The sole function of this assistant position is to better coordinate and advance the implementation of the PREA standards and policies so as to significantly increase the sexual safety of all incarcerated persons within the MDOC. As well, although the standard requires only one PREA Compliance Manager is assigned to each facility, the BCC has exceeded that requirement by designating auxiliary staff to help facilitate the institution's PREA compliance program. As such, both the agency and the facility have clearly exceeded the basic requirements of this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC Confinement Contract Memo, 12-15-22

Interviews:

- Agency Contract Administrator
- Agency PREA Coordinator
- Random Staff Interviews

Site Review Observations:

- The BCC is a publicly operated correctional facility through the Missouri Department of Corrections (MDOC).

Standard Subsections:

(A) The MDOC has a minimal number of contracts for the confinement of its inmates with other public and private agencies within its Parole Division. Per the Agency Contract Administrator, these agreements all require that the contracted agency adopts and complies with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).

(B) Per the Agency Contract Administrator, these contracts also contain language requiring that the MDOC monitors PREA compliance of all contracted facilities, as well as provide relevant training on their responsibilities under MDOC's policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the MDOC PREA auditing schedule, all MDOC facilities, either privately or publicly owned, are routinely audited for their compliance with the PREA standards.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the Missouri Department of Corrections, complies with the PREA standards. In this, prior to engaging any contractual relationship with a public or private agency, the MDOC ensures that all agencies understand that it is their absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the MDOC, these agencies understand their continuing duty to

	remain in compliance with PREA standards. Lastly, these facilities are routinely audited on a rotating basis to encourage said compliance. Hence, the MDOC has met the established requirements under this standard.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC Staffing Plan, 6-27-22 · BCC Alphabetical Officers List, All Shifts, 10-16-22 · BCC Staffing Pattern Charts (10 total) · BCC PREA Annual Report, 2022 · BCC PREA Monthly Security Checklists/Unannounced Rounds/Female Announcements, All Shifts, January-December, 2022 · BCC SOP20-1.1, Post Orders, 11-13-22 <p>Interviews:</p> <p>BCC Facility Warden Agency PREA Coordinator BCC PREA Site Coordinator Intermediate or Higher-Level Facility Staff Random Staff Random Inmates</p> <p>Site Review Observations:</p> <ul style="list-style-type: none"> · All inmate housing areas contain at least one security staff post that is continuously monitored <p>by staff. All areas of high inmate traffic are assigned permanent staffing positions while in</p>

operation.

- During the site review, supervisory staff were observed making routine and frequent rounds

throughout the facility. All random staff interviewed did indicate that supervisory staff were

available to them as needed and did conduct unannounced rounds as required. Supervisory staff were also observed conducting unannounced rounds within the facility. As well, inmates interviewed did confirm their access to supervisory staff on a routine and regular basis via their unannounced rounds of inmate housing areas.

- While conducting supervisory rounds, ranking officials were routinely observed reviewing

required documentation completed by line staff as a function of their duty posts.

- During the on-site portion of the audit, area logbooks were inspected to ensure supervisory

staff were conducting, and properly documenting, their unannounced rounds.

- Area logbooks were also reviewed to ensure that opposite gender advisements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The BCC has developed and documented an annual staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. As explicitly noted within the BCC Staffing Plan (2022), as well as confirmed via the BCC warden, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. When present, the staffing plan would consider any findings of inadequacies made by federal investigative agencies, judicial, internal, or external oversight authorities. The BCC Staffing Plan requires that the unit considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programing needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. As noted by the facility warden, Unit Administration does consider the nature of the inmate population and current issues/trends within the inmate population when determining staffing

levels. The BCC staffing plan was predicated consistent with average daily number of inmates assigned to the BCC.

(B) MDOC policy governs the minimum use of employee staffing (BCC Staffing Plan). If unit staffing levels fall below these minimum requirements, MDOC policy further requires that facility staff properly document each occurrence. Within the past twelve months, the staffing levels of BCC have not fallen below the required levels.

(C) The facility conducts an annual review of its staffing plan. As evidenced via interviews with agency and facility staff, as well as documented as a function of the staffing plan review process, in completing the BCC staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the BCC PREA Site Coordinator, to develop the facility staffing plan in accordance with the 115.13(a). As well, PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan and the use of video monitoring technologies within the facility.

(D) The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (D1-8.13). Policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted (D1-8.13, BCC SOP20-1.1). The timing of the site reviewed allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed area logbooks throughout the facility. Said documentation did reflect that supervisory staff were conducting unannounced rounds. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds and were available to line staff if needed. Staff also noted that it was a violation of policy to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random inmates, offenders consistently stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility and were accessible to inmates if needed. During the site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas; thus, further supporting the claim that said staff are routinely present in inmate housing areas.

Reasoning & Findings Statement:

	<p>This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. The facility last updated the Staffing Plan on June 27, 2022. During the audit time frame, the BCC has not deviated from its staffing plan. However, the agency does have a policy in place requiring all deviations of the staffing plan to be documented. To ensure that the sexual safety of offenders assigned to the BCC is given sufficient weight in determining facility staffing needs, the BCC staffing plan is reviewed annually in coordination with all BCC PREA staffing components, to include the average number of inmates assigned to the facility. Lastly, to ensure meaningful and effective correctional supervision, BCC supervisors routinely conduct and document unannounced rounds. As such, the BCC meets the requirements of this provision.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Offender Rulebook, 2019 · BCC Notice of Status, No Youthful Offenders · BCC Offenders Under 22 Alpha Roster, 10-15-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · BCC PREA Site Coordinator · BCC Facility Warden · Random Staff · Random/Targeted Inmates

Site Review Observations:

- While conducting the on-site review, the auditor did not observe any inmates who appeared
excessively youthful.
- In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less
than 18 years before the date of the on-site review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any
knowledge of any inmates assigned to the BCC who were not at least 18 years of age.

Standard Subsections:

(A) MDOC policy (Offender Orientation Handbook, 2019) prohibits the placement of any inmate less than 18 years of age in a housing unit within sight or sound of any adult inmates. As well, adolescent offenders may not have any physical contact through the use of a shared dayroom or other common space, shower area, or sleeping quarters, with any adult inmate without direct supervision from correctional staff.

(B) As BCC does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful inmates and adult inmates.

(C) As BCC does not house any inmate less than 18 years of age, its unit administration has absolutely avoided placing any adolescent offenders in isolation in order prevent them from living within sight and sound of adult inmates. Hence, the BCC has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

Reasoning & Findings Statement:

	<p>This standard requires that the agency ensures sight and sound separation between adolescent offenders and adult inmates. Alternatively, the standard requires that there is direct staff supervision when adolescent offenders and adult inmates have the possibility of sight, sound, or physical contact. The MDOC mandates that without direct supervision, adolescent offenders cannot be housed in a correctional facility where they have sight, sound, or physical contact with any adult inmate. As BCC contains only adult housing units, BCC is prohibited from receiving, and subsequently housing, adolescent offenders. As such, the facility has exceeded this standard by maintaining an absolute and constant sight, sound, and physical barrier between adolescent offenders and incarcerated adults.</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS11-34.1, Health Assessment and/or Physical Examination at Reception, 7-17-21 · MDOC Training Academy Lesson Plan, May 2014 · MDOC Staff Training Memo, 3-30-23 · MDOC IS20-1.3, Searches, 11-3-19 · BCC SOP20-1.3 Searches, 7-10-21 · BCC Post Orders 13.27, Housing Unit COI · BCC SOP6-1.3 Offender Personal Appearance and Grooming, 12-23-22 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · BCC PREA Monthly Security Checklists/Unannounced Rounds/Female Announcements, All Shifts, January-December, 2022 <p>Interviews:</p> <p>BCC PREA Site Coordinator</p>

BCC Facility Warden
Intermediate or Higher-Level Facility Staff
Random Staff
Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
Random Inmates

Site Review Observations:

- During the site review, staff were routinely observed making cross-gender announcements

when persons of the opposite gender entered inmate housing areas.
- Supervisory staff were observed conducting their routine security checks within inmate housing

areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and

scheduled rounds, were subsequently documented on the area logbooks.
- Review of area log books throughout the facility demonstrated that unannounced rounds were being conducted and female presence was being announced as required.
- Privacy shields were in place inhibiting the view into all inmate restrooms.
- Privacy shields were in place and/or available in all medical examination rooms.
- Privacy screens were noted in all shower areas.

Standard Subsections:

(A) Policy (D1-8.13, IS20-1.3, SOP20-1.3) prohibits cross-gender unclothed or visual body cavity searches of inmates except in exigent circumstances or by medical practitioners. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all 31 inmates interviewed noted that they had not been, nor had they witnessed any other inmate being, stripped or body cavity searched by a security staff member of the opposite gender.

(B) The BCC is a male facility. There are no biological females incarcerated at this facility.

(C) Policy (D1-8.13, IS20-1.3, SOP20-1.3) requires that all cross-gender unclothed and visual body cavity searches are documented. During the audit time frame, the facility has not engaged in cross-gender unclothed searches as a result of exigent circumstances. However, per the BCC PREA Site Coordinator, were this event to happen, it would be properly documented as required by policy. It should also be noted that all random staff interviewed understood that such action, while extremely unlikely, would require extensive justification.

(D) The BCC does have policies (D1-8.13, IS20-1.3, SOP20-1.3) in place that allows offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing inmate buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Specifically, agency policy (D1-8.13) requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. The facility does follow policy in requiring that staff of the opposite gender announce their presence when entering an inmate housing area. All female Random Staff interviewed did confirm their adherence to said policy. As well, all other Random Staff confirmed this practice. During inmate interviews, the vast majority of offenders also confirmed that female staff do announce their presence upon entering inmate housing units. Also, it was noted that modesty barriers and curtains were in place throughout the facility to inhibit the viewing of inmates in a state of undress.

(E) MDOC policy (D1-8.13, IS11-34.1, IS20-1.3, SOP20-1.3) prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an inmate is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. Instead, staff noted to determine gender, if necessary, they would contact the medical department, their supervisor, or simply ask the inmate.

(F) Records reflect that BCC security staff have been trained on proper policy specific to conducting cross-gender clothed searches and transgender clothed searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their receipt of said training within the last year, as well as their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate's genital status. MDOC procedures (D1-8.13) specify that "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." The MDOC Training Academy Lesson Plan regarding offender searches, provides clear instructions on how staff will perform

	<p>searches of any inmate, to include transgender inmates. Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the BCC. As well, review of the facility training matrix onsite reflects that 100% of all correctional staff assigned to the BCC have been trained on how to conduct searches in a professional and least intrusive manner as possible.</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires that the agency place limits on cross-gender strip or cavity searches. The MDOC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender unclothed body or cavity searches, policy subsequently requires this search to be properly justified and documented. Agency security staff are trained on the proper procedures to conduct clothed searches on transgender and intersex inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. Agency policy also requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. Documentation, as well as staff and offender interviews, verify this procedure is followed. As such, the BCC has satisfied the requirements of this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Verbal Language Interpretation Services – Statewide, 8-28-22 · MDOC Language Interpretation Employee Listing, December 2022 · MDOC Sign Language Interpretation Employee Listing, December 2022 · MDOC Sign Language Interpretation Services – Statewide, 8-28-22 · MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11

- MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese
- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese

- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- BCC Post Orders 13.28, Housing Unit Five Officer, 12-1-19
- BCC Post Orders 13.18, Housing Unit Eight Officer, 12-1-19

Interviews:

- Agency Head
- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates with Disabilities
- Inmates with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly
announce inmate information, to include when female staff entered the housing area.
- Handicap accommodations were easily recognizable and accessible throughout the facility.
Handicap shower areas contained appropriate PREA modesty screens.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by
significant portions of the inmate population; namely English and Spanish.

- Braille materials were available to assist inmates with impaired vision.
- Language line services were available for staff to communicate with inmates who do not speak

English or a language common to facility staff.

- Video technology services were available for American Sign Language assistance.
- Staff translators speaking a variety of languages were available.
- Mental Health/Medical Services were available to assist cognitively or other disabled inmates.

Standard Subsections:

(A) The MDOC has developed an agency wide policy (D1-8.13) to enhance PREA communication efforts with disabled inmates, such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; to provide said inmates with an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The video format includes closed caption. Written versions of the policy are available in braille for the visually impaired. The BCC maintains a contract for translation and interpretation services to assist inmates who do not speak a language common to BCC staff. In this, the language line services can also be used to translate PREA, as well other confidential information.

When interviewing random staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. When speaking with a LEP inmate, this person stated that their limited English proficiency had not prevented them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were also interviewed. These inmates all stated that either MDOC has made accommodations for their disabilities or that their disabilities did not prevent them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational pamphlet is printed in eight languages: English,

Japanese, Russian, Serbo Croatian, Simplified Chinese, Spanish, Traditional Chinese, and Vietnamese. It is also available in Braille, as well as large print. The PREA Offender Education Video can be seen by inmates in English and Spanish, along with being illustrated via closed captioning. As needed, per the BCC PREA Site Coordinator, language line services can also be used to translate PREA information into other languages, including American Sign Language.

(C) The MDOC has developed agency-wide policies that prohibit the use of inmate interpreters or other types of inmate-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (D1-8.13). The agency has also developed agency wide policies to enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (D1-8.13); so as to provide said inmates with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of inmate interpreters or other types of inmate-based assistance. BCC staff are aware of these agency policies and as affirmed during random staff interviews, do not utilize inmate interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard seeks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said inmates have equal access. The MDOC recognizes that need and has provided informational brochures in the most common spoken inmate languages; namely, English and Spanish, as well as lesser spoken languages (Japanese, Russian, Serbo Croatian, Simplified Chinese, Traditional Chinese, and Vietnamese). These informational brochures are also available in Braille and large print. The BCC maintains sufficient stocks of PREA informational brochures in all printed languages to ensure their availability should it be required. Additionally, the BCC routinely stocks PREA informational brochures, as well as broadcasts PREA informational videos, in Spanish, the most commonly spoken language inside of BCC outside of English. The PREA video also contains closed captioning for the deaf/hearing impaired. Staff have been trained, and are provided continuous refresher training, in the management of inmates with sensorial disabilities, as well as in cultural awareness. Lastly, it should be noted that at no time during the audit time frame has BCC used inmate interpreters to help agency staff communicate with another inmate regarding security sensitive information. For these reasons, it is more than evident that the BCC has exceeded the requirements of this standard.

115.17	Hiring and promotion decisions
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 427 376">Documents:</p> <ul data-bbox="256 488 1171 947" style="list-style-type: none"> <li data-bbox="256 488 1171 521">· D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 <li data-bbox="256 555 1114 589">· D2-11.14, Annual Employment Requirements, 11-1-15 <li data-bbox="256 622 1062 656">· D2-13.1, Volunteers and Reentry Partners, 7-10-21 <li data-bbox="256 689 981 723">· D2-2.2, Background Investigations, 12-12-15 <li data-bbox="256 757 871 790">· D2-2.23, Candidate Selection, 6-3-22 <li data-bbox="256 824 735 857">· MDOC Employee Handbook <li data-bbox="256 891 735 947">· MDOC Applicant Statement <p data-bbox="256 1059 411 1093">Interviews:</p> <ul data-bbox="256 1205 916 1451" style="list-style-type: none"> <li data-bbox="256 1205 916 1238">· Administrative (Human Resources) Staff <li data-bbox="256 1272 711 1305">· Agency PREA Coordinator <li data-bbox="256 1339 727 1373">· BCC PREA Site Coordinator <li data-bbox="256 1406 632 1440">· BCC Facility Warden <p data-bbox="256 1563 627 1597">Site Review Observations:</p> <ul data-bbox="256 1709 1409 1888" style="list-style-type: none"> <li data-bbox="256 1709 1273 1742">· Review documentation of recently hired/promoted employee files <li data-bbox="256 1776 1409 1809">· Review of volunteer and contractor PREA Acknowledgement/Training forms <li data-bbox="256 1843 1066 1877">· Review of BCC employee PREA training documents <p data-bbox="256 2000 576 2033">Standard Subsections:</p>

(A) The MDOC has developed agency wide policies (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with inmates, while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment or moral turpitude will be considered. According to Human Resource staff, prior to hiring any new employee, the MDOC Central Office will ensure that criminal background checks have been conducted on the prospective employee. As well, Human Resource staff ensure that all previous institutions of employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, unless it is prohibited by law, policy also requires that the BCC cooperate with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

(B) MDOC policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the MDOC Human Resource representative, agency policy requires that Human Resource staff verify contractor employment history. In this, the facility conducts routine criminal background checks on contractors prior to employment and then at subsequent intervals as required by policy.

(C) Before hiring or promoting employees, policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires the agency to perform criminal background checks. Policy also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. In speaking with the BCC Human Resource representative, agency policy requires Human Resource staff verify staff employment history. In this, the Central Office conducts routine criminal background checks on staff prior to employment and then at subsequent intervals as required by policy.

(D) Agency policy (D1-8.13) requires that prior to enlisting the services of any contractor who may have contact with inmates, the facility performs a criminal background record check on said contractors. In speaking with BCC PREA Site Coordinator, it was noted that all contracted staff assigned to BCC; namely medical and mental health Centurion employees, have had criminal background checks preformed on them by their primary employer, Centurion, prior to their being hired.

However, as this process was not consistent with agency policy, corrective action was taken to ensure MDOC policy is enforced. Namely, per policy #D1-8.13, it is the responsibility of the Chief Administrative Officer to ensure criminal background and PREA checks are conducted and maintained on all employees, to included contracted staff, by the institution employing said persons.

(E) Once employed, agency policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires that criminal background checks are subsequently monitored for staff/ contractor contact with law enforcement agencies. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(F) All applicants, employees, and contractors are required to disclose (during the application process) any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the MDOC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(G) Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination.

(H) Per BCC Human Resource staff, agency policy allows that unless prohibited by law, the MDOC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

Reasoning & Findings Statement:

This standard requires the agency to consider the sexual safety of inmates in the hiring of all employees and contracted staff, as well as in all hiring and promotion decisions within the agency. The agency has numerous practices in place to ensure that end. PREA standards also require that staff and contractor background checks

	<p>occur once every five years. During the onsite review, it was noted that while these practices are in effect for both employees and contracted staff, the checks were not being conducted by the appropriate designated position within the agency. Corrective action was taken to ensure that the proper office conducts said checks. Nonetheless, a review of employee and contractor files does still reflect that the BCC is in compliance with having conducted the required background and PREA checks. As such, the BCC meets the requirements of this standard.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Head · Agency PREA Coordinator · BCC PREA Site Coordinator · BCC Facility Warden <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Observed video monitoring technologies present within the facility. <p>Standard Subsections:</p> <p>(A) Per the BCC Warden, the BCC has not made a substantial expansion or modification of the existing facility within the audit time frame. However, in the event</p>

	<p>that such were to happen, the BCC Warden noted that unit administration would consider the effect that the expansion would have on the facility's ability to protect inmates from sexual abuse. At the time of the expansion, were one to happen, the BCC Warden noted that the design would also be discussed with both the BCC PREA Site Coordinator and the agency's PREA Coordinator.</p> <p>(B) Per the BCC Warden, the BCC has installed or updated the video monitoring system or other monitoring technology since the last PREA audit. In doing this, the Annual Camera Review Committee does consider the impact of video surveillance on enhancing offender protection from sexual abuse.</p> <p>Reasoning & Findings Statement:</p> <p>Within the audit time frame, BCC has not made any substantial expansion to its existing facilities. However, it was noted that should such occur, unit administration would consider the effect that an expansion would have on the facility's ability to protect inmates from sexual abuse. Also, prior to the expansion, the design would also be discussed with the BCC PREA Site Coordinator and the agency's PREA Coordinator. Additionally, as a function of its annual staffing review, the BCC does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the BCC seeks to maximize the facility's ability to protect inmates from sexual abuse. As such, the BCC has met the provisions of this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21 · D1-8.1, Office of Professional Standards, 7-1-17 · MDOC Forensic Exam Memo, 3-15-23

- MDOC Memo, Evidence Protocol, 3-15-23
- BCC Communication Memo, Rape Crisis Advocacy Center, 8-11-22
- BCC Missouri Coalition Against Domestic and Sexual Violence DOC PREA Training, 7-29-21
- BCC Missouri Coalition Against Domestic and Sexual Violence DOC PREA Training, 4-13-20

Interviews:

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Investigative Staff
- Random Staff
- Medical and Mental Health Staff
- SAFE/SANE University of Missouri Hospital

Site Review Observations:

- Reviewed complete PREA investigation files at BCC.

Standard Subsections:

(A) Agency policy mandates that PREA Unit Investigators and PREA Site Investigators are responsible for investigating all allegations of sexual abuse. In this, policy requires that the PREA Unit and Site Investigators follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.

(B) While the BCC does not house adolescent offenders, it does still utilize a

developmentally appropriate youth protocol. Furthermore, agency policy requires the facility to utilize an evidence protocol that was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents.

(C) In accordance with agency protocol, the BCC does ensure that all inmates are given access to forensic medical examinations without cost (D1-9.13, D1-8.8, D1-8.13). While some nursing staff assigned to the BCC are qualified SAFE/SANE nursing staff, the facility might also transfer offenders to the local hospital; namely, the University of Missouri Hospital, for forensic exams. At the local hospital, forensic exams are performed by qualified SAFE/SANE nursing personnel. As SAFE/SANE staff at the University of Missouri Hospital are either on duty or on call 24 hours a day, seven days a week, forensic examinations will always be performed by a qualified medical practitioner. During the audit time frame, the BCC has not been required to facilitate any (0) such forensic medical examinations.

(D) The agency does attempt to make a victim's advocate available for offender support. In this, since efforts to develop counseling relationships with rape advocacy centers from the local community have failed, the facility has trained staff to serve in that position. Said staff have received relevant training through the Missouri Coalition Against Domestic and Sexual Violence.

(E) In accordance with policy (D1-9.13, D1-8.8, D1-8.13), and as requested by the victim, a rape advocacy person may remain with the inmate through the forensic medical examination process and investigatory interviews. Per the agency PREA Coordinator, this person may also provide emotional support, crisis intervention, information, and referrals.

(F) Agency policy (D1-9.13, D1-8.8, D1-8.13) mandates that the PREA Unit Investigators and PREA Site Investigators are responsible for investigating criminal allegations of sexual abuse. To this effect, agency policy does require that the PREA Unit Investigators and PREA Site Investigators utilize agency protocol that is based on the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol.

(G) The auditor is not required to audit this provision.

	<p>(H) Only qualified persons may serve as a victim advocate. As such, all agency staff members who have qualified to serve in said capacity have received appropriate training by way of the Missouri Coalition Against Domestic and Sexual Violence. In this manner, the agency has ensured that all persons who have advocacy contact with BCC inmates have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.</p> <p>Reasoning & Findings Statement:</p> <p>This standard concerns evidence protocol, forensic medical examinations, and rape crisis advocacy services. Agency policy requires investigative staff to utilize a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. This protocol was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/ Adolescents. The facility has worked with the Missouri Coalition Against Domestic and Sexual Violence to ensure all advocacy persons are trained to provide qualified victim advocacy to offenders through the forensic medical examination process and subsequent investigatory interviews. These victim advocates may also provide inmates with emotional support, crisis intervention, information, and referrals. During the audit time frame, the BCC has not been required to initiate the evidence protocol and forensic medical examination process. However, should the need arise, policy does require at all forensic exams are performed by qualified SAFE/SANE practitioners. As such, the BCC has met the requirements of this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21 · D1-8.1, Office of Professional Standards, 7-1-17 · D1-8.4, Institutional Investigations, 10-24-21

Interviews:

- Agency Head
- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Agency Investigative Staff
- Medical Staff
- Mental Health Staff

Site Review Observations:

- Reviewed eight (8) completed PREA investigation files at BCC.

Standard Subsections:

(A) Policy (D1-81.3, D1-8.8, D1-8.1, D1-8.4) requires that administrative or criminal investigations be completed for all allegations of sexual abuse and sexual harassment. Within the audit time frame, the BCC has received a total of eight (8) sexual abuse and sexual harassment allegations. All of those investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed. Additionally, the auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made. At the time of the audit, all cases had been closed. As such, the agency does ensure that either a criminal or administrative investigation is completed for allegations of sexual abuse and sexual harassment.

(B) The BCC refers all allegations of sexual abuse to PREA Unit or PREA Site Investigators. When investigations are escalated to a criminal level, they are worked in coordination with a local law enforcement agency with legal authority to conduct criminal investigations, as well as with consultation of the local District Attorney's Office. All referrals to law enforcement are documented by the facility. The MDOC has published relevant information to the PREA program, as well as the investigation process, on the agency website.

	<p>(C) In accordance policy (D1-8.13) the PREA Unit Investigators “shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.”</p> <p>(D) The agency is responsible for conducting administrative and criminal investigations of alleged sexual abuse (D1-8.13, D1-8.8, D1-8.1, D1-8.4).</p> <p>(E) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This standard ensures that referrals of sexual abuse and sexual harassment allegations are made for further investigation to proper law enforcement agencies. The MDOC does have appropriate policies in place mandating referrals of said allegations when appropriate. In interviewing the PREA Unit and onsite BCC Investigative staff, it is clear said staff refer all investigations to local law enforcement agencies as required by policy. In doing so, MDOC policy requests that all outside local law enforcement agencies conduct their investigations in accordance to the requirements of the PREA Standards. BCC investigative staff provided sufficient documentation to evidence the facility’s adherence to agency protocol. As such, the BCC complies in all material ways with this standard for the relevant review period.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Notice of PREA material available to all staff via agency intranet · MDOC Training Academy PREA Basic Training Lesson Plan, 2013

Interviews:

- BCC PREA Site Coordinator
- BCC Facility Warden
- Administrative (Human Resources Staff)
- Random Staff

Site Review Observations:

- During staff interviews, all random staff were asked if, and when, they had received their required PREA training. These random employee responses were subsequently matched against the current BCC PREA Staff Training Matrix to ensure the validity of said responses.

Standard Subsections:

(A) Policy (D1-8.13) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. The Prison Rape Elimination Act training is a comprehensive analysis of state laws and PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as a discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. A review of training documentation reflects that employees are also informed that inmates have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

	<p>(B) The training curriculum review demonstrates that the material is appropriate for the gender of inmates at the employees' facility. As well, agency policy (D1-8.13) requires that all employees receive training specific to the gender of inmates assigned to the employee's unit of assignment.</p> <p>(C) A review of completed BCC PREA Training records reflect that employees have received their initial PREA training. Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training.</p> <p>(D) All training is documented upon completion of the MDOC PREA training curriculum.</p> <p>Reasoning & Findings Statement:</p> <p>This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. BCC maintains compliance with those imperatives. All training is documented upon completion, with BCC maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. While this standard requires employees to be given PREA refresher training at least once every two years, the BCC provides this training on an annual basis. As such, BCC has met the requirements of this provision.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Brochure for Volunteers and Contractors

- BCC Volunteers in Correction List
- MDOC Volunteers in Corrections Lesson Plan, 12-30-11

Interviews:

- BCC PREA Site Coordinator
- BCC Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- Contractors Who May Have Contact with Inmates
- Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Review of volunteer/contractor PREA training forms.

Standard Subsections:

(A) Policy (D1-8.13) requires that "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training." Per the BCC PCM, 100% of those persons have received appropriate PREA training dependent on their level of contact with inmates within the facility.

(B) During the onsite audit, both volunteers and contract workers were interviewed. When interviewed, these persons all stated that they had been made aware of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member.

	<p>(C) Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. Per agency policy, volunteers and contractors also receive refresher training every year. The BCC maintains a copy of all training files belonging to both volunteers and contractors. Volunteer/Contractor files were reviewed as part of the auditing process and found to be within compliance.</p> <p>Reasoning & Findings Statement:</p> <p>The agency requires all volunteers and contractors to receive formal training regarding sexual abuse and sexual harassment in a confinement setting, to include the agency's zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency's zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. The BCC has ensured both volunteers and contractors conducting business within the facility have received and subsequently documented their initial PREA trainings. In excess of the PREA standards, the MDOC also requires that volunteers and contractors receive subsequent PREA training in yearly intervals. In speaking with volunteers and contracted personnel, it was clear they understood the professional boundaries between themselves and the inmates assigned to the institution. As such, the BCC has exceeded the provisions of this standard.</p>
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115.33 Inmate education	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Verbal Language Interpretation Services - Statewide, 8-28-22 · MDOC Sign Language Interpretation Services - Statewide, 8-28-22 · MDOC Offender Rule Book, 2019

- MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11
- MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese
- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese

- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- BCC Memo, Comprehensive PREA Education at Intake, 12-15-22
- BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22

Interviews:

- BCC PREA Site Coordinator
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Random Inmates

Site Review Observations:

- Observed the inmate reception area.
- Observed PREA Risk Screening Process.
- Observed PREA informational postings in Inmate Housing, Education, Library, Law Library,
and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within
the Library and Law Library areas.
- MDOC PREA Sexual Abuse Awareness Poster, English
- MDOC PREA Sexual Abuse Awareness Poster, Spanish
- MDOC Notice of Cross-Gender Viewing Poster, English

· MDOC Notice of Cross-Gender Viewing Poster, Spanish

Standard Subsections:

(A) Procedure (D1-8.13) requires that upon receipt into the facility, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the audit time frame, the BCC has received 1,394 inmates during the Intake process. Of those inmates, 100% were provided the initial PREA screening and information.

(B) As noted by Intake staff, inmates are immediately provided a brief summary of the PREA standards upon their initial arrival to the facility. Inmates are then provided a more comprehensive training detailing key points of the process within thirty days of intake. Every inmate transferring into BCC, regardless of how long the inmate has been incarcerated within MDOC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response. Within the audit time frame, BCC has received 1,358 inmates whose stay at the facility was 30 days or more. Of those inmates, 100% received comprehensive education on their rights to be free from both sexual abuse and sexual harassment, as well as retaliation for reporting such incidents, within 30 days of Intake.

(C) Per the BCC PREA Site Coordinator, all inmates who are incarcerated within the BCC are required to watch the Inmate PREA training video, Speaking Up, as a component of comprehensive PREA training. Upon any transfer to another facility within the MDOC, inmates are again required to watch the PREA orientation video as part of that facility's orientation program. The MDOC, despite having largely consistent policies across its system, requires that a facility orientation, including a comprehensive PREA education, must be provided following each transfer (D1-8.13). According to the agency's PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization.

(D) All PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the MDOC, and more specifically, the BCC. PREA brochures and informational posters are provided in both English and Spanish, the most common language other than English spoken within the BCC. The PREA brochure is also available in Japanese, Russian, Serbo Croatian, Simplified

Chinese, Traditional Chinese, and Vietnamese. The PREA brochure is available in Braille and large print. The PREA video contains closed captioning for the hearing impaired. Staff translators, or translation services, are available for inmates who do not speak English. Sign Language assistance, large print, and braille are also available. Lastly, it should be noted that per policy (D1-8.13), the agency will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, to ensure said inmates have equal opportunity to benefit from the PREA provisions. Specifically, in accordance with policy, “the department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders” (D1-8.13).

(E) In accordance with policy (D1-8.13), at Intake, inmates are provided with a PREA overview. Within 30 days of Intake, inmates are then provided with a complete and comprehensive in-person facility orientation, to include PREA training. The information received is documented on the BCC Reception and Orientation Completion Form, which is then acknowledged via signature by the inmate receiving training and by the staff members witnessing the inmate’s signature.

(F) Inmates are provided copies of the MDOC Sexual Abuse and Harassment of Offenders Brochure for inmates (available in English, Japanese, Russian, Serbo Croatian, Simplified Chinese, Spanish, Traditional Chinese, and Vietnamese). This material, as well as a wealth of other PREA related information, is continuously available within the facility’s Law Library. It is also continuously available via each inmate’s tablet. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish.

Reasoning & Findings Statement:

This standard works to ensure that inmates are cognizant of the agency’s zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. BCC provides each inmate with initial and subsequent PREA screening for indicators of sexual victimization. As well, BCC provides the required initial and subsequent PREA informational trainings. In speaking with inmates assigned to the BCC, said inmates stated that they were aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the BCC has met the expectations of compliance with the standards

	related to this provision.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Training Academy Lesson Plan, PREA Specialized Investigator Training, Modules 1-4, 2016 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 5-31-22 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 7-18-18 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-18 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 9-25-17 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-4-22 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 8-23-19 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 6-19-19 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-17-22 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-23-19 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 11-1-22 <p>Interviews:</p>

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Administrative (Human Resources Staff)
- BCC Investigative Staff

Site Review Observations:

- Reviewed agency training records documenting investigative training curriculums

Standard Subsections:

(A) Per policy (D1-8.13), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(B) Per policy (D1-8.13), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. A review of training records confirms that such documentation is maintained within agency files

	<p>for all investigators currently utilized within the BCC.</p> <p>(D) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The MDOC investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. BCC investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that BCC staff have received specialized training in excess of the generalized training provided to all staff. As such, the BCC has met the requirements of this standard.</p>
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115.35 Specialized training: Medical and mental health care	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Training Academy Lesson Plan, PREA-Specialized Medical/Mental Health Professionals Training, 2017 · MDCO PREA Specialized Training for Medical and Mental Health Workbook, 2017 · MDCO PREA Specialized Training for Medical and Mental Health PowerPoint, 2017 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator

- BCC PREA Site Coordinator
- BCC Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- SANE/SAFE Contracted Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

(A) The BCC provides medical and mental health services to incarcerated persons assigned to its facility. Policy (D1-8.13) requires that in addition to the generalized training provided to all staff, all full and part-time medical and mental health staff shall receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct. Interviews with Human Resource and BCC medical/mental health staff confirm that staff have received trainings as required. Per the BCC PREA Site Coordinator, 100% of all medical/mental health staff have participated in initial and/or continuing training requirements.

(B) In accordance agency policy and verified through interviews with BCC medical/mental health staff, Centurion medical staff may perform forensic medical examinations if they are qualified to do so. If there is a need for a forensic medical examiner, the offender will either be examined at the facility by a qualified SANE/SAFE nurse or be taken to the local area hospital; namely, University of Missouri Hospital, for said examination.

(C) A review of training records reflects that 100% of current Medical and Mental Health staff assigned to the BCC have received specialized training appropriate for their professional roles.

	<p>(D) As well, dependent on their professional role, a review of training records reflects that medical and mental health staff have also received the generalize PREA training provided to all other vendors, volunteers, and contractors working within a correctional setting.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that medical and mental health staff have received specialized training in medical and mental health services provided to victims of sexual abuse and sexual harassment. The MDOC has policies in place to ensure all BCC medical and mental health staff are furnished this training. BCC medical and mental health administration confirmed that staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. Also, contracted SAFE/SANE staff confirm that all persons conducting forensic medical exams are properly certified to perform said exams. As such, the BCC meets the requirements of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Adult Internal Risk Assessment Training Manual Excerpt · MDOC IS5-2.3, Offender Internal Classification, 7-30-15 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · BCC Adult Internal Risk Assessment, Initial, 11-2-22 · BCC Adult Internal Risk Assessment, 30 Day Assessment, 12-1-22 · BCC Adult Internal Risk Assessment, Initial, 4-13-22

- BCC Adult Internal Risk Assessment, 30 Day Assessment, 5-10-22
- BCC Adult Internal Risk Assessment, Initial, 3-7-23
- BCC Adult Internal Risk Assessment, 30 Day Assessment, 4-4-23

Interviews:

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Random Inmates

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files for risk assessment information

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3) requires that all inmates be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. BCC Intake staff affirm the facility's adherence to agency policy. Specifically, all inmates received into the agency, as well as the facility, are screened

for sexual victimization and/or sexually abusive risk factors within 72 hours of receipt into the agency or facility. A demonstration of the screening process was observed by the auditor while at the facility. As well, Intake staff explained the facility reception, PREA awareness information, and risk assessment process in great detail.

(B) Policy (D1-8.13, IS5-2.3) requires that the screenings should occur within 72 hours after arrival. In speaking with BCC Intake staff, it was noted that said screenings take place immediately upon each inmate's arrival to the facility. Per the BCC PREA Site Coordinator, in accordance with agency policy, of the 1,394 inmates entering the facility (either through intake or transfer) within the audit time frame whose length of stay in the facility was for 72 hours or more, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.

(C) The PREA screening assessment is conducted using an objective screening instrument. A review of the survey provided to inmates does not present itself with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the intake screening demonstration that was observed by the auditor. At intake, to determine an inmate's risk of sexual victimization, as well as an inmate's risk of sexual abusiveness, the inmate is asked a series of questions. To determine an inmate's risk of sexual abusiveness, as well as an inmate's risk of sexual abusiveness, the inmate is again questioned using this objective screening instrument.

(D) The PREA assessment process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Inmates are then asked if others perceive them as the same. Risk screeners are allowed to enter their subjective perception of the inmate's gender expression, as well as any additional information regarding the inmate's sexual safety. During inmate interviews, most inmates stated that they had, in fact, been asked the aforementioned questions upon their receipt into the BCC. Of these, a significant number of inmates interviewed also affirmed that staff later asked them the same, or similar questions related to their sexual safety. There was, however, three (3) inmates who stated that they were not asked any screening questions. To ensure the

screening process was, in fact, occurring as required, the Adult Internal Risk Assessments were reviewed onsite for these specific offenders. At that time, it was noted that all said offenders had, in fact, been asked the screening questions on the Adult Internal Risk Assessment.

(E) In assessing inmates for their risk of being sexually abusive, the PREA assessment form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a risk screening demonstration, the auditor also reviewed several PREA assessment forms. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that the Intake staff confirmed that inmates may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy (D1-8.13, IS5-2.3) requires that within 30 days of the inmate's arrival within the MDOC, or at a facility, the inmate will be reassessed using the Department's Adult Internal Risk Assessment screening tool. Within the audit time frame, 100% of the 1,358 inmates with a length of stay in the BCC for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the BCC.

(G) Policy (D1-8.13) allows that "the offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." Both the BCC PREA Site Coordinator and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required.

(H) Policy (D1-8.13) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Assessment Form. When interviewed, Intake and the PREA Compliance Manager affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the Adult Internal Risk Assessment Form. As well, inmate interviews confirmed that said population was aware of their right not to answer related questions. None of the inmates interviewed stated that they had received any disciplinary sanctions for ever having failed or refused to answer intake/screening questions.

· Policy (D1-8.13, IS5-2.3) requires that PREA screenings are confidential in

	<p>nature. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to PREA assessment forms, that facility staff must restrict the spread of information obtained as a function of PREA assessment forms to only those designated staff members with an operational need for said information to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The BCC PREA Site Coordinator, and other operative staff associated with PREA assessment forms, affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA assessment forms did require authorized credentials to access said documents within the MDOC electronic data base.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for objective Adult Internal Risk Assessments, which are subsequently administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in offenders' risk status. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the BCC. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering Adult Internal Risk Assessments Forms affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the BCC has satisfied the requirements of this standard.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS5-2.3, Offender Internal Classification, 7-30-15 · IS18-1.1, Required Activities, 8-28-14 · IS5-3.1, Offender Housing Assignments, 2-9-19

- BCC Transgender Committee Review, 2023a
- BCC Transgender Committee Review, 2023b

Interviews:

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files
- Observed inmate housing and work assignments

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that the agency use information from the PREA assessment form to help separate inmates with a high risk

of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA assessment form is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake, Classification, and the PREA Compliance Manager, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. Facility documentation reflects this is an institutionalized process.

(B) Policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the PREA Coordinator, the BCC PREA Site Coordinator, and the BCC Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. In speaking with inmates currently assigned to the BCC, most stated that their own opinions regarding their personal safety are considered by BCC staff when providing housing or job assignments. Inmates further stated that if their concerns for their own safety changed, many believed that most BCC staff would take their concerns seriously.

(C) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, agency policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex inmate to a specific housing or program assignment, agency policy (D1-8.13) dictates that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator, the BCC PREA Site Coordinator, and the BCC Warden, staff affirmed that an inmate's genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.

(D) Agency policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at least every six months to examine any possible safety concerns expressed by the inmate. When interviewed, BCC Unit Management staff did affirm the facility's compliance with this policy. As well, along with routine informal safety checks by the BCC PREA Site Coordinator and housing staff, all transgender inmates confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed every six months.

(E) Agency policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. When interviewed, BCC staff and the BCC PREA Site Coordinator affirmed that the facility strictly adheres to this policy. Additionally, during both random and targeted interviews with inmates, most stated that they believed BCC staff would consider their own views with respect to their own safety.

(F) Policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. In speaking with BCC random staff, the existence of alternative safety and modesty measures for transgender and intersex inmates was affirmed. Specifically, BCC correctional staff stated that upon notification from a transgender or intersex offender, staff provide said offenders with separate shower times from the general population. In interviewing transgender inmates, all such inmates were aware of their right to shower separately from the general inmate population.

(G) There aren't any correctional facilities within the MDOC subject to consent decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex inmates. As such, policy (D1-8.13) expressly states that LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification. In speaking with the PREA Coordinator, the BCC PREA Site Coordinator, and the BCC Warden, said staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of transgender, gay, and bisexual inmates, none stated that they had ever been housed in a facility, or in a specific housing unit within the BCC, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all such staff affirmed that the BCC does not house transgender, intersex, gay, or bisexual inmates in any specific areas based solely on their gender identity or sexual orientation.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The MDOC has numerous policies in place to ensure the most effective and secure use of the PREA assessment form. Inmates deemed to be at high risk are routinely monitored by the PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the

	<p>BCC PREA Site Coordinator reflect that facility staff have discretion in managing the safety of individual inmates. The BCC PREA Site Coordinator, as well as all other BCC staff, affirm their adherence to agency policies and also confirm that the inmate’s own views regarding her safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted to utilize the showers separately from the general population in order to prevent other offenders from being able to view or otherwise endanger transgender inmates during shower times. Additionally, transgender inmates are reviewed every six months specific to their placement and programming assignments. As such, agency policy meets, and BCC adheres to, the requirements of this standard.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Memo for Involuntary Segregated Housing for Protective Custody · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · BCC Memo, Involuntary Segregated Housing, 12-15-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · BCC PREA Site Coordinator · BCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Incident Review Team Member · Intermediate or Higher-Level Facility Staff · Staff Who Supervise Inmates in Segregated Housing · Random Inmate Interviews

- Targeted Inmate Interviews

Site Review Observations:

- Observed Involuntary Segregated Housing Unit

Standard Subsections:

(A) Policy (D1-8.13) mandates that “following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.” In speaking with the BCC PREA Site Coordinator and the BCC Warden, staff confirm that there have not been any inmates placed in the involuntary segregated housing during the audit time frame. As well, inmate interviews did not suggest that BCC utilizes any form of involuntary segregated housing as a primary means of separation for investigatory purposes. As such, there was not any relevant documentation to review.

(B) In speaking with the BCC PREA Site Coordinator and BCC Warden, it was noted that the BCC has not placed any inmate into involuntary segregated housing for fear of sexual abuse. However, it was further noted that should such an incident ever arise, all efforts would be made to restrict the inmate’s access to programs, privileges, education, and work opportunities only to the least extent possible. Specifically, efforts would be made to ensure such inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as inmates assigned to the general population. If the facility were to restrict access to programs, privileges, education, or work opportunities, the facility would properly document this restriction. As a function of this documentation, staff would further document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation.

(C) Policy (D1-8.13) mandates that the placement of inmates in involuntary segregation for high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but will not ordinarily exceed 30 days. In speaking with the BCC PREA Site Coordinator and the BCC Warden, staff confirmed that there have not been any inmates placed in the involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

	<p>(D) Policy (D1-8.13) requires that upon placement of an inmate into involuntary segregation, the facility must clearly document the basis of the facility's concern for the inmate's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. In speaking with the BCC PREA Site Coordinator and the BCC Warden, staff confirmed that there have not been any inmates placed involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.</p> <p>(E) Policy (D1-8.13) requires that an inmate placed in involuntary segregation due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the BCC PREA Site Coordinator and the BCC Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that the use of involuntary segregated housing is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the BCC PREA Site Coordinator and the BCC Warden, staff confirmed that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review. Correctional staff routinely assigned to work within Segregated Housing were interviewed. While these staff confirmed that inmates assigned to involuntary segregation for high risk of sexual victimization would be afforded similar activities as inmates within general population, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. As such, the BCC has satisfied all component parts of this standard and found to have met its provisions.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC Offender Rule Book, 2019
- MDOC Employee Handbook
- MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11
- MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese

- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- MOU between MDOC and Missouri Department of Public Safety, 8-1-13
- MDOC Clear Line for Staff Reporting
- BCC Memo of Status, No offenders detained solely for civil immigration purposes
- BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22

Interviews:

- Agency Head
- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Random Inmates

Site Review Observations:

- Reviewed facility-based documentation related to inmate reports of sexual

abuse and sexual harassment, to include documented offender grievances.

- Reviewed documentation related to third-party reports of alleged sexual abuse and sexual harassment
- Tested the PREA Hotline phone number referenced by offenders
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- Observed a PREA Risk Screening assessments
- Observed multiple informational posters throughout the facility advising inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed PREA informational video discussing various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library
- Observed numerous PREA educational and reporting references available for inmate use on inmate tablets

Standard Subsections:

(A) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk screening and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within thirty days of their receipt into the facility. This orientation includes detailed training on the MDOC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with an MDOC Offender Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. Reports can be made in-person, verbally over the phone, in writing (electronically and in print), third party, as well as anonymously. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from

measures of retaliation for having reported said abuse. During random and targeted interviews, all inmates were able to articulate at least one manner by which a report could be made.

(a) As noted in policy (D1-8.13), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided the contact information to the Statewide PREA Reporting Line. This contact information is also readily available for the families of inmates during onsite visitation, as well as publicly posted on the agency's website. Inmates are provided phone numbers to the PREA Hotline, which is an outside agency hot line (Department of Public Safety) and an Internal TIPS hotline. These calls are confidential and without cost to the inmate. Inmates are provided information on reporting incidents directly to facility staff, such as the facility institutional investigator, warden, or grievance coordinator. Lastly, it should be noted that the MDOC does not detain inmates solely for civil immigration purposes.

(B) Per policy (D1-8.13), random staff affirmed that they would accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner that they became of that information. In doing so, many staff stated that they would document all such reports as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. Most inmates interviewed stated that they believed BCC staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

(C) Per policy (D1-8.13), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, staff may still privately report sexual misconduct by speaking with supervisory staff or by calling an anonymous tip line for staff. When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment through either through this method or with alternative methods of reporting.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents can report all

	<p>instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All inmates understood their right to make verbal and written complaints. Most inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the BCC has exceeded the requirements of this this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D5-3.2, Offender Grievance, 9-25-22 <p>Interviews:</p> <ul style="list-style-type: none"> · BCC Facility Warden · BCC PREA Site Coordinator · BCC Grievance Staff · Investigative Staff · Random Inmates

Site Review Observations:

- Reviewed the offender grievance process.

Standard Subsections:

(A) The MDOC has administrative procedures to address inmate grievances regarding sexual abuse.

(B) Policy (D1-8.13, D5-3.2) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. There is no time limit for inmates to file such grievances. Per the BCC PREA Site Coordinator, when filing complaints of sexual abuse or sexual harassment, offenders are not required to use the informal grievance process or attempt to resolve the allegations with staff prior to filing a formal complaint.

(C) In accordance to agency policy, grievances involving allegations of sexual abuse or sexual harassment shall not be referred to the staff member who is the subject of said complaint. (D1-8.13, D5-3.2). Offender are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. As well, any such investigation will not be referred to the staff member who is the subject of the complaint.

(D) Policy (D5-3.2) requires that a final decision on all allegations of sexual abuse shall be issued by the institutional investigator within sixty (60) calendar days of the initial filing. If sixty (60) calendar days is not sufficient to make an appropriate decision, the institutional investigator may extend the decision up to seventy (70) calendar days (SOPD5-3.2). The inmate shall be notified in writing of such extension.

(E) Policy (D5-3.2) allows a third party to file a complaint on behalf of an inmate. The facility may require, as a condition of processing the complaint that the alleged victim agree to have the complaint filed on his or her behalf. Per the PREA Site Coordinator, if an inmate did not wish to pursue a grievance filed on her behalf, that refusal would be documented. During the audit time frame, the BCC did not receive any third-party grievances filed on behalf of inmates.

	<p>(F) Policy (D5-3.2) allows inmates to file emergency grievances if they believe they are subject to a substantial risk of imminent sexual abuse. Upon receipt, staff “shall prepare an initial response which shall be attached to the grievance and provided to the offender within 48 hours of receipt of the initial filing date” (D5-3.2). During the audit time frame, BCC did not receive any (0) grievances regarding allegations of sexual abuse and sexual harassment.</p> <p>(G) Policy (D5-3.2) notes that “No reprisals shall be taken against an offender for use of, or participation in, the offender grievance procedure.” However, it should further be noted that “offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal.” As such, per the BCC PREA Site Coordinator, offenders may only be disciplined if it is determined that the offender filed a PREA report in bad faith, i.e., knowingly filed a false report.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. For litigation purposes; namely, the Prison Litigation Reform Act, any documented complaint made by or confirmed by the inmate serves to exhaust administrative remedies. Policy permits inmates to submit grievances alleging sexual abuse and sexual harassment. There is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse. As well, inmates are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. Policy allows sixty (60) calendar days from the initial filing to provide a disposition. During the audit time frame, BCC did not receive any (0) grievances regarding allegations of sexual abuse and sexual harassment. Nonetheless, the facility does have all policies and practices in place to process such grievances if received. As such, the BCC has met all components of this standard.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22
- MDOC Advocacy Notice, Institutions, English
- MDOC Advocacy Notice, Institutions, Spanish
- MDOC Advocacy Notice, CSC, English
- MDOC Advocacy Notice, CSC, Spanish
- MDOC Advocacy Notice, Segregation, English
- MDOC Advocacy Notice, Segregation, Spanish
- BCC Communication Memo, Rape Crisis Advocacy Center, 8-11-22

Interviews:

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Medical and Mental Health Staff
- BCC Mailroom Staff
- Just Detention International
- SANE/SAFE University of Missouri Hospital
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Random Inmates

Site Review Observations:

- Tested the PREA Hotline with offender assistance
- Observed multiple informational posters throughout the facility discussing

inmate access to outside confidential support services for victims of sexual abuse and sexual harassment

- Observed PREA informational video discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references providing inmate contact access to outside confidential support services for victims of sexual abuse and sexual harassment available for inmate use on inmate tablets and within the facility Law Library.
- Observed visitation area designated for members of an approved victim advocate services
- Reviewed agency website for PREA related information and available services

Standard Subsections:

(A) Policy (D1-8.13) requires that BCC shall “attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings.” Offenders also are provided contact information for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. Via institutional awareness posters, inmates are provided the physical address to write for confidential emotional support services. Policy (D1-8.13) also allows that phone communication between inmates and advocates within these rape crisis centers is as confidential as possible. Outgoing mail to rape crisis centers is not restricted or monitored to an extent greater than any other outgoing legal correspondence. When interviewed, the majority of inmates knew that the agency provided free rape crisis support services to inmates. Additionally, all inmates were aware of at least one means by which they could contact rape crisis support services, with most inmates knowing that they could access those services by way of the information provided via the PREA posters located throughout the facility. The BCC does not house persons detained solely for civil immigration purposes or for immigrant service agencies.

(B) Per policy (D1-8.13) inmates are notified that staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and

	<p>management decisions. As well, offenders are provided notice to the extent that calls made to rape advocacy centers are monitored.</p> <p>(C) The BCC has attempted to negotiate a contract between itself and True North of Columbia, Inc., a rape crisis center, to help provide crisis support services as requested by inmates assigned to the BCC. While an arrangement has not yet been reached, the BCC does maintain, and did supply, the communication attempting to develop a negotiated contract with the rape crisis center. As well, the agency also provides inmates with contact information for Just Detention International and the Rape, Abuse and Incest National Network, with both providing offenders with a national database of advocacy resources. During the on-site review, the auditor did test the rape crisis center hotlines to ensure their functionality. The auditor also tested the online reporting option via the MDOC agency phone number and through its website. All avenues appropriately responded to the test submissions and proved to be valuable reporting options.</p> <p>Reasoning & Findings Statement:</p> <p>This policy works to ensure that inmates assigned to the BCC have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the BCC are provided with contact information for national and/or state-based rape crisis support centers. Inmates are advised that communications between inmates and advocates within rape crisis centers is as confidential as possible. The BCC has attempted to secure a memorandum of understanding with rape crisis support services; namely True North of Columbia, Inc, a rape crisis service provider. As a negotiated arrangement has not yet been met, facility staff have been formally trained on providing qualified advocacy services. When interviewed, all employees and inmates knew that the agency provided free emotional support services to inmates upon request. As well, many inmates knew that they could initiate access to those services by contacting national rape crisis resource centers using the information posted on the PREA awareness posters predominately displayed throughout the facility, as well as the information postings provided via the MDOC Offender Handbook. As such, the BCC has met the minimum standards of this provision.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC Offender Notice of Third-Party Reporting, English
- MDOC Offender Notice of Third-Party Reporting, Spanish
- MDOC Website Address for Reporting

Interviews:

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Investigative Staff
- External Reporting Entities
- Random Inmates

Site Review Observations:

- Reviewed MDOC website specific to PREA and third-party reporting methods
- Tested MDOC online third-party reporting system
- Tested BCC facility-based PREA Hotline
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- Observed the Inmate Visitation Area informational posters
- Observed informational postings and other publications throughout the inmate housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

(A) Policy (D1-8.13) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged inmates to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by inmate family and friends via the facility's Inmate Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency's website. To verify the online third-party system was operational, the auditor submitted a test email to the agency's online reporting address. To verify the facility-based PREA Hotline was operational, a test call was submitting using one of the phones available to inmates in their housing areas. All methods of contact were found functional and received an agency-based response within a reasonable time frame. During facility interviews, all staff confirmed that the BCC would accept third-party reports of sexual abuse. As well, most inmates believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure that at least one publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon inmates. In accordance to policy, the BCC promotes the use of third-party reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the MDOC website, all electronic links to PREA information, resources, and support services were tested and found to be operating as required. To ensure the functionality of the MDOC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods. While inmates themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence and direct contact via a telephone reporting system; namely, the BCC provides a facility-based PREA hotline to allow inmates direct access to third-party reporting. To ensure the functionality of these reporting systems, test calls were successfully placed. Additionally, the auditor observed an inmate demonstration of PREA information/reporting access on inmate tablet system. Inmates may also make a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. Most inmates were also aware of

	<p>their right to file a third-party complaint on behalf of another inmate. As the concept of third-party reporting is institutionalized across staff and inmate cultures, the BCC clearly meets the provisions of this standard.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS11-32, Receiving Screening – Intake Center, 12-10-16 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · BCC PREA Site Coordinator · BCC Facility Warden · Investigative Staff · Medical/Mental Health Staff · Random Staff · Random Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Employee training records <p>Standard Subsections:</p>

(A) Policy (D1-8.13), as well as state law, mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. Failure of staff to report this knowledge is a Class A Misdemeanor. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against inmates or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all BCC staff had received PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all random staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) During random staff interviews, staff consistently reported their training included protecting the privacy of sexual abuse and sexual harassment victims. In this, it was noted that staff should not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decision. Hence, during interviews, random staff noted that they would share reported information only with authorized staff. As such, random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the BCC PREA Site Coordinator, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (D1-8.13) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. Specifically, policy (D1-8.13) notes if Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." During medical/mental health services staff interviews, the need for medical staff to inform inmates (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.

(D) All inmates incarcerated within the BCC are legally classified as adults. However, agency staff do still note that for offenders under the age of 18, who claim to be victims of sexual abuse, the agency would report the allegations to the designated state agency.

	<p>(E) Policy (D1-8.13) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the facility-based Onsite Investigator for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations. Facility-based investigatory staff further confirmed their responsibility in investigating and responding to such allegations in coordination with the agency's PREA Unit Investigators.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing BCC medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the BCC meets the provisions established within this standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 <p>Interviews:</p>

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical and Mental Health Staff
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Random Inmates

Site Review Observations:

- Review of inmate protection procedures
- Review of retaliation monitoring procedures

Standard Subsections:

(A) Per policy (D1-8.13), when the BCC learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the inmate, as well as staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. In speaking with the Agency PREA Coordinator, BCC PREA Site Coordinator, BCC Facility Warden, and random staff, a plethora of possible options were discussed specific to inmate protection measures. As the BCC did not find any evidence within the audit time frame that any inmates assigned to the facility were at a substantial risk of sexual abuse, the facility has no

	<p>documentation for review. Likewise, no protective actions were required.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to actualize the processes of inmate protection. Agency policy requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. During the audit time frame, the BCC did not receive any reports from inmates who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff provided a more technical and inclusive response than random staff, they too, were centrally focused on protecting the inmate. Hence, the BCC has clearly realized the provisions of this standard.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · BCC PREA Allegation Notification Checklist – Institution, 5-16-22 · BCC PREA Allegation Notification Checklist – Institution, 6-15-22 · BCC PREA Allegation Notification Checklist – Institution, 3-29-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Head · MDOC PREA Compliance Coordinator

- BCC Facility Warden
- BCC PREA Site Coordinator

Site Review Observations:

- Review of facility-to-facility referral process
- Review of eight (8) sexual abuse/sexual harassment investigation case files

Standard Subsections:

(A) MDOC policy (D1-8.13) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide notice of these allegations to the head of the facility where the abuse allegedly occurred within 72 hours. A review of Documents for the audit time frame reflects that there was one (1) such referrals made by the BCC and two (2) such referrals made to the BCC.

(B) Per MDOC policy (D1-8.13), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The BCC Warden confirmed that all notices, if received from inmates, would be sent by the Warden's Office to the destination facility as soon as possible, usually within 24 hours, but certainly within 72 hours.

(C) The BCC documents this notification through the use of a PREA Allegation Notification Checklist – Institution Form. To expedite communication, the incident investigation report is then transferred between facilities via email.

(D) Upon receipt of said allegations, per the BCC PREA Site Coordinator, the facility where the incident is reported initiates the coordinated response by completing the notification checklist and offering advocacy. The coordinated response is then forwarded to the PREA Site Coordinator and PREA Site Coordinator at the affected facility. The affected facility will then initiate the request for investigation and ensure that the information has been forwarded to the PREA Unit. The BCC Warden confirmed that all notices, when received from other institutions, are subsequently processed in accordance to agency policy.

	<p>Reasoning & Findings Statement:</p> <p>This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the audit time frame, the BCC has received one (1) incoming allegation of sexual abuse/harassment from an inmate who reported such at another MDOC location. Within the audit time frame, the BCC has received two (2) outgoing allegations of sexual harassment from an inmate who reported said allegations once he was reassigned to the BCC. Documentation related to such reports was reviewed to ensure appropriate notification was provided to respective offices. In doing so, it was noted that agency policy, staff comments, and collaborative referral processes all reflect that the BCC has satisfied the provisions of this standard.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 <p>Interviews:</p> <ul style="list-style-type: none"> · BCC PREA Site Coordinator · BCC Facility Warden · Investigative Staff · Intermediate or Higher-Level Facility Staff · Random Staff · First Responders

Site Review Observations:

- Review of employee training records
- Review of investigative case files
- Review of BCC PREA Coordinated Response Plan

Standard Subsections:

(A) MDOC policy (D1-8.13) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Once the first responder learns that an inmate has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In interviewing staff who served as BCC security first-responders, their actions taken were consistent with policy. Within the audit time frame, BCC has received five (5) allegations from inmates who claim to have been victims of sexual abuse. Of these, none (0) were presented within a time frame that would have still allowed for the collection of physical evidence.

(B) MDOC Policy (D1-8.13) requires that first responders are to request that the alleged victim not take actions that could destroy physical evidence. If the first responder is a non-security staff member, that person should immediately notify a custody officer of the allegation. Of the five (5) reported sexual abuse allegations, none (0) were initially reported to non-security staff members. Nonetheless, in interviewing non-security staff who had previously served in such a capacity prior to the audit time frame, it was noted that said staff did follow agency protocol regarding the preservation of evidence.

	<p>Reasoning & Findings Statement:</p> <p>This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all random staff interviewed absolutely articulated that point. Most staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of the employee training matrix and class curriculums regarding evidence collection reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification to a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC Coordinated Response to Offender Sexual Abuse, 5-24-21 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · BCC PREA Site Coordinator · BCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Incident Review Team Member · Intermediate or Higher-Level Facility Staff · Investigative Staff

	<ul style="list-style-type: none"> • Medical and Mental Health Staff • SANE/SAFE Contracted Staff • Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review of agency policies • Review of departmental level facility procedures <p>Standard Subsections:</p> <ul style="list-style-type: none"> • The BCC has developed a written institutional plan; namely, the BCC Coordinated Response to Offender Sexual Abuse, 5-24-21, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment. <p>Reasoning & Findings Statement:</p> <p>This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the BCC implemented a unit-based policy (BCC Coordinated Response to Offender Sexual Abuse, 5-24-21) that details the coordinated response plan to an incident of inmate sexual abuse and sexual harassment. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As such, the BCC has met the provisions within this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- D2-11.6, Labor Organizations, 9-20-13
- MDOC MOU MOCOA, 9-30-18
- MDOC Labor Agreements Pending, 12-15-22
- BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22
- BCC Coordinated Response to Offender Sexual Abuse, 5-24-21

Interviews:

- Agency Head
- Agency Contract Administrator
- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Administrative (Human Resources Staff)

Site Review Observations:

- Reviewed agency labor contracts

Standard Subsections:

(A) Per policy (D1-8.13, D2-11.6), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact

	<p>with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the Missouri Department of Corrections and the Missouri Corrections Officers Association ensure that the MDOC retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>(B) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy allows for employees to be transferred or otherwise removed from specific duties pending the outcome of a sexual abuse or sexual harassment investigations. In speaking with investigative staff and the BCC Warden, the process of suspending or separating employees from their duties as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the MDOC; more specifically, the BCC unit administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the BCC has satisfactorily met all provisions within this standard.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · BCC Coordinated Response to Offender Sexual Abuse, 5-24-21 <p>Interviews:</p>

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Random Inmates

Site Review Observations:

- Reviewed all retaliation monitoring logs associated with investigative case files.

Standard Subsections:

(A) Policy (D1-8.13) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. During random staff interviews, it was noted that staff would take immediate action to protect inmates who are in substantial risk of imminent sexual abuse. Staff noted that they also would take any necessary action to protect inmates who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

(B) In speaking with the BCC PREA Site Coordinator, it was noted that the institution would employ multiple protection measures, such as housing changes, or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates and staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. In speaking with the facility's coordinator for retaliation monitoring, it was noted that continual observation, as well as routine conversations with affected inmates, helps to detect if any changes have occurred within an inmate's correctional condition once a report of sexual abuse/sexual harassment has been made. If retaliation is suspected, it was noted that immediate action would be taken to remedy the perceived injustice. However, during the audit time frame, there have been no instances of retaliation reported.

(C) Per policy (D1-8.13), for a minimum of 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of offenders and/or staff who report sexual abuse. Conduct measures, such as a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor will be reviewed along with the periodic status checks. This periodic status checks should be conducted at 30-day intervals. However, during a previous internal review, it was noted that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected a systematic delay in offender status checks. As such, no further action regarding such is needed at this time.

(D) Per the facility PREA Site Coordinator, in the case of offenders, the facility has designated trained staff to monitor alleged victims, and such monitoring does include periodic in-person status checks. However, during a previous internal review, it was noted that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected a systematic delay in offender status checks. As such, no further action regarding such is needed at this time.

(E) Per the facility PREA Site Coordinator, if any other individual (staff, volunteer, contractor, inmate, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.

(F) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. MDOC policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. Both the agency PREA Coordinator and the BCC Site Coordinator provided detailed explanations of the current monitoring process. The auditor did observe some time lapses between several periodic status checks. In observing this, it was noted that during a previous internal review, the facility had already discovered that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility

	<p>took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected any such delay in offender status checks. As such, no further action is needed at this time. Given the totality of the policies provided, staff knowledge regarding the process, review of the current BCC monitoring process, along with subsequent action taken to ensure the timely maintain of retaliation monitoring, the BCC has met the basic provisions of this standard.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Instructions for Segregated Housing for Protective Custody · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · BCC Coordinated Response to Offender Sexual Abuse, 5-24-21 <p>Interviews:</p> <ul style="list-style-type: none"> · BCC PREA Site Coordinator · BCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Random Staff · Staff Who Supervise Inmates in Segregated Housing · Random Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Observed segregated housing

	<p>Standard Subsections:</p> <p>(A) Policy (D1-8.13) prohibits placing inmates who allege sexual abuse or to be at a high risk of sexual abuse, in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. Offenders assigned to involuntary segregated housing shall only be assigned to this housing until an alternative means of separation from likely abusers can be arranged. Within the audit time frame, the BCC has not placed any offenders who have suffered sexual abuse or who are at a high risk of sexual abuse in involuntary segregation pending completion of their assessment.</p> <p>Reasoning & Findings Statement:</p> <p>Agency policy strictly prohibits the use of involuntary segregated housing as a de facto response to inmate safety concerns. Rather, as explained by the BCC PREA Site Coordinator, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, BCC administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the BCC Warden and the BCC PREA Site Coordinator did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be their absolute last option. As such, the BCC has satisfied the requirements of this provision.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.1, Office of Professional Standards, 7-1-17 · D1-8.4, Institutional Investigations, 10-24-21

- BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22
- BCC Memo, Prosecuted Investigations, 12-15-22
- MDOC Training Academy Lesson Plan, PREA Specialized Investigator Training, Modules 1-4, 2016
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 5-31-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 7-18-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 9-25-17
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-4-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 8-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 6-19-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-17-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 11-1-22
- BCC PREA Sexual Abuse Debriefing, 5-12-22
- BCC PREA Sexual Abuse Debriefing, 3-7-22
- BCC PREA Allegation Notification Checklist – Institution, 5-16-22
- BCC Memo, PREA-Boonville Correctional Center, 5-23-22
- BCC Memo, PREA Notification, 5-13-22
- BCC PREA Unit, 8-16-22
- BCC PREA Allegation Notification Checklist – Institution, 2-3-22
- BCC Memo, AIRA, 2-3-22

- BCC Offender Statement, 2-3-22
- BCC Referral and Screening Note – Health Services, 2-7-22
- BCC Assessment/Retaliation Status Checklist, 2-7-21
- BCC Assessment/Retaliation Status Checklist, 3-10-22
- BCC Assessment/Retaliation Status Checklist, 4-10-22
- BCC Assessment/Retaliation Status Checklist, 5-25-22
- BCC PREA Unit, 3-7-22
- BCC PREA Alleged Sexual Abuse by Offender Notification, 3-7-22
- BCC PREA Sexual Abuse Debriefing, 3-7-22
- BCC PREA Allegation Notification Checklist – Institution, 3-29-22
- BCC Referral and Screening Note – Health Services, 4-1-22
- BCC PREA Allegation, Mental Health Services, 4-4-22
- BCC Memo, PREA, 3-29-22
- BCC Offender Statement, 3-29-22
- BCC IRIS, Subject View, 4-1-22
- BCC Assessment/Retaliation Status Checklist, 4-5-22
- BCC Assessment/Retaliation Status Checklist, 4-21-22
- BCC Assessment/Retaliation Status Checklist, 5-23-22
- BCC Assessment/Retaliation Status Checklist, 6-29-22
- BCC PREA Alleged Sexual Abuse by Offender Notification, 5-12-22
- BCC PREA Unit, 5-12-22
- BCC PREA Sexual Abuse Debriefing, 5-12-22

Interviews:

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden

- Investigative Staff

Site Review Observations:

- Review all investigative case files
- Reviewed investigator training certifications
- Reviewed agency training records documenting investigator training curriculums

Standard Subsections:

(A) Policy (D1-8.13, D1-8.1, D1-8.4) requires that when the agency conducts criminal or administrative investigations of sexual abuse and/or sexual harassment of an inmate, the investigation should be conducted promptly and thoroughly, and should be continued until a determination of substantiated, unsubstantiated, or unfounded can be made.

(B) Policy (D1-8.13, D1-8.1, D1-8.4) requires that all staff responsible for conducting sexual abuse investigations received specialized training related to PREA. In speaking with agency investigators, it was noted that all investigators have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the BCC PREA Site Coordinator and the PREA Unit Investigator, said staff confirmed participation in related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(C) As noted by facility investigators, the agency requires staff to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal and administrative investigations. It was further noted that all allegations require the victim, suspected perpetrators, and any witnesses to be interviewed. Additionally, any previous reports or documentation that may contribute to the overall investigation are reviewed. In short, per agency policy, investigators are required to gather and preserve all direct and circumstantial evidence related to the allegations.

(D) In speaking with a PREA Unit Investigator, it was noted that compelled interviews would only be conducted after speaking with state police and authorized by the local prosecutor.

(E) In speaking with investigative staff, it was noted that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not on the basis of that individual's status as an inmate or staff member. Investigators further noted that the use of a polygraph test or other truth-telling device cannot be used as a condition of investigating allegations of sexual abuse or sexual harassment. The facility investigator confirmed that the credibility of the alleged victim, suspect, or witness was assessed on a case-by-case basis, regardless of that person's status as an inmate, staff member, contractor, volunteer, or other facility connection. Within the audit time frame, there were no instances of BCC investigators employing the use of any polygraph or other truth telling devices as a prerequisite function of PREA investigations.

(F) Policy (D1-8.13) requires that "administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse." A review of investigatory files maintained by the BCC PREA Site Coordinator and/or Institutional Investigators provided detailed written reports of both the allegations and subsequent investigations.

(G) Investigatory staff noted that that all administrative and criminal investigations are documented in written reports. As a function on that documentation, such reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of investigatory files maintained by the PREA Site Coordinator and Institutional Investigator did provide detailed written reports of both the allegations and subsequent investigations.

(H) As noted by the PREA Unit Investigator, and required by policy, substantiated allegations of sexual abuse shall be referred for prosecution. During the audit time frame, the BCC has not substantiated any allegations of sexual abuse that were later accepted by the district attorney for subsequent prosecution.

(I) Policy (D1-8.13) requires that "Administrative and criminal investigation reports shall be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention." In speaking with the PREA Unit Investigator, this retention process was thoroughly detailed.

(J) As noted by agency investigators, the departure of the alleged abuser or victim from employment or control of the facility or department does justify terminating an investigation. Rather, all investigations must be completed through their natural termination processes.

(K) The auditor is not required to audit this provision.

(L) As noted by agency investigators, if outside agencies were to conduct investigations into instances of sexual abuse and sexual harassment, facility staff would cooperate with these outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the BCC PREA Site Coordinator and the BCC Institutional Investigator, it was also noted that the facility investigator and any outside agencies would strive to maintain a professional relationship that would allow for the general use of routine communication to remain informed about the progress of any investigation. This would subsequently ensure that BCC staff remained informed on the progress of all sexual abuse investigations.

Reasoning & Findings Statement:

When the MDOC conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. Agency investigators have received the general PREA training provided to all MDOC staff. As well, investigators have also taken more specific training relevant to conducting sexual abuse investigations in a confinement setting. As a function of the investigation process, investigators must make all efforts to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, and statements from alleged victims, suspected perpetrators, and witnesses. Investigators do not conduct compelled interviews without first consulting criminal prosecution. In judging the merits of all allegations, the credibility of an alleged victim, suspect, and witness are assessed on an individual basis as supported by the evidence of the investigation and not determined by the person's status as an offender or staff. Offenders are not required to submit to a polygraph as a condition for proceeding with the investigation of an alleged incident. Lastly, along with documenting the investigation in a written report, administrative investigations must also include an effort to determine whether staff actions or failures to act contributed to the abuse. As BCC is complying with all parts of these provisions, it is found to have met this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22

Interviews:

- BCC Facility Warden
- BCC PREA Site Coordinator
- Investigative Staff

Site Review Observations:

- Review of investigatory case files

Standard Subsections:

(A) Policy (D1-8.13) requires that the evidence needed to determine whether an allegation of sexual abuse and/or sexual harassment is substantiated shall be no higher than a preponderance of the evidence. Specifically, it is noted that “administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.” In speaking with facility investigators, this requirement was confirmed as the governing standard in determining the outcome of sexual abuse/sexual harassment investigations within the prison setting. Hence, for substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true.

Reasoning & Findings Statement:

	<p>Agency policy requires that MDOC investigators establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse and sexual harassment are substantiated. When interviewed, BCC Onsite and PREA Unit Investigators confirmed that standard of proof to be slightly more than half. An onsite review of case files reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was noted as merely a preponderance of evidence. With this, the BCC has satisfied all material provisions of this standard.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · BCC Alleged Sexual Abuse by Offender Notification, 5-12-22 · BCC Alleged Sexual Abuse by Offender Notification, 3-7-22 · BCC Memo, Notification Letters, 12-15-22 <p>Interviews:</p> <ul style="list-style-type: none"> · BCC PREA Site Coordinator · BCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Investigative Staff <p>Site Review Observations:</p>

- Review of investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that all persons who alleged sexual abuse or harassment are provided a written response as to the disposition of the subsequent investigation. In speaking with the PREA Unit Investigator, it was noted that of all closed investigations during the audit time frame, all inmates have since been notified, in writing, of the investigation results.

(B) Within the audit time frame, there have not been any investigations of alleged sexual abuse occurring at the BCC completed by an outside agency. However, per investigative staff, agency policy does require that where allegations are referred for criminal investigation to an outside agency, facility staff will follow the case until it is determined to be substantiated, unsubstantiated, or unfounded.

(C) Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate whenever the staff member is no longer:

- o Assigned to the facility; or
- o Employed with the Department

(D) Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against another inmate, the agency must notify the inmate whenever the alleged abuser has been:

- o Indicted on a charge related to sexual abuse or
- o Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse.

(E) Policy (D1-8.13) requires that the agency document all notifications or attempted notifications regarding disposition to inmate allegations of sexual abuse and/or sexual harassment. Interviews with the BCC PREA Site Coordinator and the BCC PREA Unit Investigator confirm adherence to said policy. As well, a review of documented notifications support said adherence.

	<p>(F) Auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>Agency policy requires BCC staff to provide inmates with dispositions for all claims of sexual abuse and sexual harassment. BCC Onsite Investigators, along with agency PREA Unit Investigators, conduct all sexual abuse or sexual harassment investigations. If agency staff determine that a prosecutable crime has occurred, facility staff will contact the prosecutor's office for further consideration. If the investigation is taken over by a local law enforcement agency, facility staff do remain actively engaged in those investigations. However, during the audit time frame, no outside law enforcement agencies have completed sexual abuse investigations within the BCC. Agency policy provides that all inmates who have filed a previous sexual abuse and sexual harassment claim against agency staff, receive notification upon a that employee being assigned to another facility or having discharged from the agency. Lastly, policy requires these notifications to be documented. Within the audit time frame, BCC staff have provided notifications as required on all such investigations. All notifications to BCC inmates were provided in written format, of which, the offender signed to acknowledge receipt. Documentation reflecting proper notifications was reviewed and found to be within policy. As such, the BCC is operating in accordance with all parts of this provision.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · BCC Memo, Terminated Staff, 12-15-22 <p>Interviews:</p> <ul style="list-style-type: none"> · BCC PREA Site Coordinator

- BCC Facility Warden
- Investigative Staff
- Random Staff

Site Review Observations:

- Review of investigative case files

Standard Subsections:

(A) MDOC Policy (D1-8.13) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating MDOC sexual misconduct policies. Interviews with the BCC PREA Site Coordinator, BCC Facility Warden, and the BCC Onsite Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(B) MDOC Policy (#208.039) continue by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate. During the audit time frame, there have not been any (0) BCC staff who have been terminated, or resigned prior to termination, for violating agency sexual abuse or sexual harassment policies.

(C) MDOC Policy (#944.35) stipulate disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Again, interviews with the BCC PREA Site Coordinator, BCC Warden, and the BCC Onsite Investigator confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

	<p>(D) Per the BCC PREA Site Coordinator, BCC Facility Warden, and the BCC Onsite Investigator, when the perpetrator is a medical or mental health professional, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation will be reported to local law enforcement, as well as the appropriate licensing body.</p> <p>Reasoning & Findings Statement:</p> <p>These provisions work to ensure that agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The State of Missouri has made the consequences of engaging in such behavior exceptionally clear. Within audit time frame, there have not been any (0) staff members assigned to the BCC who have violated agency policy regarding sexual abuse or sexual harassment. As such, no staff have been terminated, or otherwise resigned prior to termination, for violating agency sexual abuse or sexual harassment policies. During staff interviews, all staff expressed their knowledge of the agency's zero tolerance policy. Hence, the BCC administration has satisfied the provisions of this standard.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D2-13.1, Volunteers and Reentry Partners, 7-10-21 · BCC Memo, Volunteer/Contractor Investigation, 12-15-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Contract Administrator · BCC PREA Site Coordinator · BCC Facility Warden

- Investigative Staff
- Administrative (Human Resources Staff)
- Contractors Who May Have Contact with Inmates
- Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Reviewed contractor/volunteer PREA training files

Standard Subsections:

(A) Policy (D1-8.13) advises contractors and volunteers who violate the agency's Zero-Tolerance Policy will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the MDOC. Additionally, any contractor or volunteer who engages in sexual abuse will be reported to law enforcement and to any relevant licensing bodies. During the audit time frame, the BCC has not been required to report any incidents of inappropriate conduct by contractors or volunteers to a relevant licensing board or local law enforcement. Rather, interviews with volunteers and contracted staff evidenced that the agency's zero-tolerance policy has been institutionalized.

(B) Policy (D1-8.13) advises contractors and volunteers that when cases of sexual abuse are substantiated against contractors or volunteers, the Department will prohibit those persons from further contact with inmates, as well as refer all criminal allegations to local law enforcement for possible prosecution.

Reasoning & Findings Statement:

Policy expressly states that contractors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates upon substantiation of the investigations. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. During the audit time frame, the BCC has not found any contractors or volunteers to have engaged in inappropriate relations with inmates. Interviews with volunteers and contractors reflect that the prohibition against sexual

	abuse and sexual harassment of inmates, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and BCC is in compliance with such.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS19-1.6, Offender Accountability Program, 5-1-19 · MDOC Offender Rulebook, 2019 · MDOC Instructions for PREA Disciplinary Sanctions & Mental Health Referrals <p>Interviews:</p> <ul style="list-style-type: none"> · BCC Facility Warden · BCC PREA Site Coordinator · Investigative Staff · Medical Staff · Mental Health Staff · Random Staff · Random Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Review of disciplinary processes and sanctions

Standard Subsections:

(A) Policy (D1-8.13, IS19-1.6) notes that following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse, said inmate is subject to disciplinary sanctions pursuant to formal disciplinary processes. "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13). During the audit time frame, the BCC did not have any (0) administrative finding of guilt regarding inmate-on-inmate sexual abuse investigation.

(B) Policy (D1-8.13, IS19-1.6) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. As well, sanctions consider aggravating and mitigating factors.

(C) When determining an inmate's disciplinary sanctions, policy (D1-8.13, IS19-1.6) does consider how an inmate's mental disabilities or mental illness contributed to his behavior. "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13).

(D) Per policy (D1-8.13, IS19-1.6), all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined necessary by mental health services in consultation with inmate services. Specifically, "If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13).

(E) Per the BCC PREA Unit Investigator, the BCC will discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct. "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the

	<p>contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions” (D1-8.13).</p> <p>(F) Per policy (D1-8.13, IS19-1.6), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations. Rather, only when it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that the offender shall be subject to discipline (D1-8.13, IS19-1.6).</p> <p>(G) Per MDOC policy (D1-8.13), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as sexual battery or attempted sexual battery.</p> <p>Reasoning & Findings Statement:</p> <p>The inmate disciplinary process is a formal means to address institutional misconduct. The BCC uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the audit time frame, the BCC has not processed any (0) disciplinary findings of inmate-on-inmate sexual abuse that occurred at the facility. In considering agency policies, facility procedures, staff interviews, and inmate comments, BCC is compliant with disciplinary standards as required under this provision.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS11-32, Receiving Screening – Intake Center, 12-10-16 · MDOC Informed Consent Form, 9/14

- BCC PREA Log for Mental Health Referrals, 2022
- BCC Adult Internal Risk Assessment, Initial, 11-2-22
- BCC Adult Internal Risk Assessment, 30 Day Assessment, 12-1-22
- BCC Adult Internal Risk Assessment, Initial, 4-13-22
- BCC Adult Internal Risk Assessment, 30 Day Assessment, 5-10-22
- BCC Adult Internal Risk Assessment, Initial, 3-7-23
- BCC Adult Internal Risk Assessment, 30 Day Assessment, 4-4-23

Interviews:

- BCC PREA Site Coordinator
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Reported Sexual Victimization During Risk Screening

Site Review Observations:

- Observed Intake/Medical Screening Areas
- Review of Medical/Mental Health PREA Screening Forms
- Review of Mental Health/Medical referrals within investigative case files

Standard Subsections:

(A) Policy (D1-8.13, IS11-32) requires that upon arrival, all BCC inmates will be screened for sexual abuse risk factors. If the assessment indicates that the offender has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate

shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening. During the audit time frame, 100% of inmates received at the BCC who disclosed prior victimization during screening were offered a follow-up meeting with a mental health practitioner. Interviews with inmates who had experienced prior sexual victimization confirm the institutionalization of this practice. As well, a review of mental health referrals supports the institutionalization of this practice.

(B) Per policy (D1-8.13, IS11-32), persons with a history of being sexually abusive must be referred for mental health services within 14 days. In speaking with Mental Health staff, it was noted that the nature of the referral is in accordance with the individualized needs of each inmate. During the audit time frame, 100% of inmates received at the BCC who had previously perpetrated sexual abuse, as indicated during the screening process, were offered a follow-up meeting with a mental health practitioner. A review of mental health referrals supports the institutionalization of this practice.

(C) The BCC is not a jail.

(D) Per policy (D1-8.13, IS11-32) practitioners must report any sexual abuse that occurred in a correctional facility. Any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local laws.

(E) Per policy (D1-8.13, IS11-32), and as noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years.

Reasoning & Findings Statement:

During the audit time frame, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a mental health practitioner. During the audit time frame, the BCC has also referred 100% of inmates who had previously perpetrated sexual abuse, as indicated during risk screening, for a follow-up meeting with a mental health practitioner. As noted by medical and mental health staff, the BCC is providing routine and regular medical screens and

	health services in accordance to qualified medical and mental health assessments, as well as to policy. As observed during the Intake process, these assessments occur as a required function of facility admittance. Documentation specific to the PREA assessment form for medical and mental health staff reflects the use of the screening tool to determine appropriate housing and medical/mental health needs. As such, the facility is meeting all provisions as established within this standard.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 <p>Interviews:</p> <ul style="list-style-type: none"> · BCC PREA Site Coordinator · Medical Staff · Mental Health Staff · SANE/SAFE Staff University of Missouri Hospital · Security Staff and/or Non-Security Staff Who Have Acted as First Responders · Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Observed Medical/Mental Health Departments · Review of Medical/Mental Health PREA Assessment Form · Review of investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with agency policy. In speaking with medical and mental health staff, adherence to policy was confirmed. Inmates who had previously made allegations of sexual abuse or sexual harassment also confirmed that they had received medical/mental health treatment in a timely manner.

(B) During interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations. In speaking with medical and mental health staff, 24-hour availability of qualified medical practitioners was affirmed.

(C) Policy (D1-8.13) requires that victims of recent sexual assault are referred for forensic exams for relevant treatment and the gathering of evidence. As noted by SAFE/SANE hospital personnel, all persons receiving forensic exams are provided prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases as appropriate. In speaking with medical staff, adherence to this policy was confirmed.

(D) MDOC policy (D1-8.13) requires that "treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In speaking with medical staff, adherence to this policy was confirmed.

Reasoning & Findings Statement:

This standard is designed to provide inmates access to emergency medical and mental health services. In this, facility staff are meeting all the provisions within this standard. Policy allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the inmate's course of treatment; specifically, what is medically indicated based on forensic evidence collection needs or physical trauma. Lastly, documentation reflecting access to medical and mental health care was reviewed onsite. In examining the totality of the information provided, the BCC has

	certainly met the minimum provisions of this standard via emergency (24-hour) access to qualified medical staff.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Instructions for PREA Disciplinary Sanctions & Mental Health Referrals · BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · BCC Coordinated Response to Offender Sexual Abuse, 5-24-21 <p>Interviews:</p> <ul style="list-style-type: none"> · BCC PREA Site Coordinator · Medical Staff · Mental Health Staff · SAFE/SANE Staff University of Missouri Hospital · Inmates Who Reported Prior Sexual Victimization <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Observed Medical/Mental Health Departments · Review of Medical/Mental Health PREA Assessment Forms · Review of investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that all allegations of sexual victimization must be evaluated by medical and medical health staff. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were previously receiving mental health treatment services, they confirmed that upon facility transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

(B) Per policy (D1-8.13), the MDOC will provide continuing mental health services to inmates throughout their assignment to the MDOC.

(C) Policy (D1-8.13) requires that all victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews with medical and mental health practitioners confirmed the facility's adherence to said policy.

(D) Policy (D1-8.13) notes that "victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests." However, it should be noted that the BCC does not house female inmates or currently house any transgender men. As such, emergency contraception is not a medically necessary at this time.

(E) In speaking with medical staff, it was noted that should pregnancy results from sexual assault, victims would be offered timely and comprehensive information about the timely access to all lawful pregnancy-related medical services. However, it should be noted that the BCC does not house female inmates or currently house any transgender men. As such, information about the timely access to all lawful pregnancy-related medical services is not a medically necessary at this time.

(F) Policy (D1-8.13) requires that when medically appropriate prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims. In speaking with medical staff and contracted SAFE/SANE personnel, agency adherence to this policy was confirmed.

	<p>(G) Policy (D1-8.13) notes that treatment services for sexual abuse will be provided “regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.” In speaking with medical and mental health staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical or mental health treatment for allegations of sexual abuse also confirmed that they were not charged a co-payment fee for said services.</p> <p>(H) Policy (D1-8.13) requires that “victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.”</p> <p>Reasoning & Findings Statement:</p> <p>This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The BCC offers qualified and coordinated medical and mental health care regardless of an inmate’s ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments for both medical and mental health services. Once established, access to said treatment follows the offender throughout the MDOC system. The medical and mental health services provided are consistent with the community level of care. Additionally, as noted by medical and mental health staff, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the BCC Medical and Mental Health Departments have collectively exceeded the provisions of this standard.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19

- BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22
- BCC Coordinated Response to Offender Sexual Abuse, 5-24-21
- BCC PREA Sexual Abuse Debriefing, 5-12-22
- BCC PREA Sexual Abuse Debriefing, 3-7-22
- BCC PREA Allegation Notification Checklist – Institution, 5-16-22
- BCC Memo, PREA-Boonville Correctional Center, 5-23-22
- BCC Memo, PREA Notification, 5-13-22
- BCC PREA Unit, 8-16-22
- BCC PREA Allegation Notification Checklist – Institution, 2-3-22
- BCC Memo, AIRA, 2-3-22
- BCC Offender Statement, 2-3-22
- BCC Referral and Screening Note – Health Services, 2-7-22
- BCC Assessment/Retaliation Status Checklist, 2-7-21
- BCC Assessment/Retaliation Status Checklist, 3-10-22
- BCC Assessment/Retaliation Status Checklist, 4-10-22
- BCC Assessment/Retaliation Status Checklist, 5-25-22
- BCC PREA Unit, 3-7-22
- BCC PREA Alleged Sexual Abuse by Offender Notification, 3-7-22
- BCC PREA Sexual Abuse Debriefing, 3-7-22
- BCC PREA Allegation Notification Checklist – Institution, 3-29-22
- BCC Referral and Screening Note – Health Services, 4-1-22
- BCC PREA Allegation, Mental Health Services, 4-4-22
- BCC Memo, PREA, 3-29-22
- BCC Offender Statement, 3-29-22
- BCC IRIS, Subject View, 4-1-22
- BCC Assessment/Retaliation Status Checklist, 4-5-22
- BCC Assessment/Retaliation Status Checklist, 4-21-22
- BCC Assessment/Retaliation Status Checklist, 5-23-22

- BCC Assessment/Retaliation Status Checklist, 6-29-22
- BCC PREA Alleged Sexual Abuse by Offender Notification, 5-12-22
- BCC PREA Unit, 5-12-22
- BCC PREA Sexual Abuse Debriefing, 5-12-22
- BCC PREA Annual Report, 2022

Interviews:

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden
- Incident Review Team Member

Site Review Observations:

- Reviewed Sexual Abuse Debriefing documentation

Standard Subsections:

(A) Policy (D1-8.13) states that “each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.” This review will be done for both substantiated and unsubstantiated allegations. During the audit time frame, the BCC has concluded five (5) alleged sexual abuse investigations. In speaking with the BCC Warden, the role of each person within the debriefing process was explained.

(B) Policy (D1-8.13) mandates the “debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry.” During the audit time frame, the BCC has concluded four (4) sexual abuse investigations that were not deemed unfounded. A review of related documentation affirms that sexual abuse incident reviews are

	<p>generally performed within 30 days following the conclusion of these investigations.</p> <p>(C) Policy (D1-8.13) requires that “the review team for offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable</p> <p>(D) Upon completion of the debriefing, the facility shall implement the recommendations outlined in the debriefing report for improvement or shall document its reasons for not doing so. This information is noted by completing the debriefing form. In speaking with the BCC Warden, the debriefing process was explained in great detail.</p> <p>Reasoning & Findings Statement:</p> <p>During the audit time frame, BCC has conducted four (4) sexual abuse incident debriefings specific to sexual abuse allegations. Documentation relative to the debriefings was examined to ensure that the debriefing teams consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D of this standard, a debriefing report was completed with appropriate subsequent action taken where required, and that these reviews were generally conducted within 30 days of the investigation conclusion. In speaking with facility staff, each person explained their role within the debriefing process. Additionally, inmates were interviewed to determine what, if any, changes were needed or subsequently made to institutional policy following their reported incidents. With this, given the totality of the information reviewed, policies, documented evidence, staff and inmate interviews, it is apparent that the BCC has maintained compliance with each of the aforementioned provisions.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19

- MDOC Memo, Investigative Report Intelligence System [IRIS]
- Survey of Sexual Victimization Form, 2021

Interviews:

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (D1-8.13) provides all staff within the MDOC a standardized set of definitions specific to sexual abuse and sexual harassment allegations. Policy (D1-8.13) further mandates that the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a Survey of Sexual Victimization Incident Form. In speaking with the Agency PREA Coordinator and the BCC PREA Site Coordinator, adherence to this provision was confirmed.

(B) Policy (D1-8.13) further requires that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. In speaking with the Agency PREA Coordinator and the BCC PREA Site Coordinator, adherence to this provision was confirmed.

(C) In reviewing the MDOC Annual PREA Reports, it was noted that the MDOC has completed the U.S. Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization report. Furthermore, as confirmed by the MDOC PREA Coordinator, the data includes all information necessary to answer all questions from

	<p>the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.</p> <p>(D) In speaking with the BCC PREA Site Coordinator, it was noted that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with the MDOC records retention schedule. The MDOC PREA Coordinator confirmed the agency's overall adherence to this policy. As well, the BCC PREA Site Coordinator confirmed that above reference sources were continuously used to inform the agency's annual statistical reports.</p> <p>(E) In speaking with the MDOC PREA Coordinator, it was noted that all aggregated sexual misconduct data received from private facilities with which it contracts is made available for inclusion the agency's aggregated data set. The MDOC PREA Coordinator confirmed the agency's overall adherence with this policy.</p> <p>(F) Policy (D1-8.13) requires that the PREA Coordinator provide aggregated data on sexual abuse and sexual harassment occurring within the MDOC to the Department of Justice (DOJ); specifically, the Bureau of Justice Statistics, on an annual basis. As confirmed by the PREA Coordinator, said data is provided to the DOJ no later than June 30th of each year.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on at least an annual basis. That data is then aggregated and made available for public review. The BCC has complied with the timely collection of said data and is subsequently furnishing it to appropriate entities as requested. Hence, the BCC has met all provisional requirements and is in compliance with this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC PREA Annual Report, 2021
- BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22
- BCC Coordinated Response to Offender Sexual Abuse, 5-24-21
- BCC PREA Annual Report, 2022

Interviews:

- Agency Head
- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (D1-8.13) requires the MDOC to review the aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, response, and training policies. Specifically, the MDOC uses this information to identify problem areas, take corrective action on an ongoing basis, and prepare an annual report of its findings from the data review, as well as any corrective actions for each facility, along with the agency as a whole. The PREA Coordinator confirmed adherence to this process. As well, MDOC Annual PREA Reports (2022, 2021, 2020) do reflect the intelligent use of said data.

	<p>(B) Policy (D1-8.13) requires that annual statistical reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the MDOC's progress in addressing sexual misconduct. The PREA Coordinator confirms adherence to this policy. As well, MDOC Annual PREA Reports (2022, 2021, 2020) do reflect the intelligent use of said data.</p> <p>(C) Policy (D1-8.13) requires that upon completion of each year's Annual PREA Report, the report shall be approved by the Commissioner of Correction and posted on the agency's web page. A review of the MDOC website https://doc.mo.gov/programs/PREA indicates that upon approval from the agency director, the report is then made available to the public. The PREA Coordinator confirms adherence to this policy.</p> <p>(D) Per the PREA Coordinator and the BCC PREA Site Coordinator, personal identifiers are not used in producing either the agency or facility-based annual PREA reports. As such, there isn't a need to redact any information from said reports before making publicly available.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to determine if agency, and by extension, facility-based staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency wide PREA Coordinator, BCC PREA Site Coordinator, and the BCC Warden, the manner in which each person utilizes the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the BCC has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Annual Report, 2021

- MDOC Retention Schedule
- BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22
- BCC Coordinated Response to Offender Sexual Abuse, 5-24-21
- BCC PREA Annual Report, 2022

Interviews:

- Agency PREA Coordinator
- BCC PREA Site Coordinator
- BCC Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Per the Agency PREA Coordinator, all electronic retention files once PREA cases are complete are security maintained in the electronic retention files. Per the PREA Coordinator and the BCC PREA Site Coordinator, adherence to this policy is strictly enforced. A review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(B) Per policy (D1-8.13), aggregated sexual abuse data will be made available to the federal government as required. "The department's annual PREA report shall be made available to the public on the department's internet website" (D1-8.13). Per the PREA Coordinator, adherence to this policy is strictly enforced. Per the PREA Coordinator, all annual aggregated reports previously published pursuant to §115.87 are readily available to the public through the MDOC website.

(C) Per the PREA Coordinator, all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the

	<p>agency's website.</p> <p>(D) Policy (D1-8.13) requires that the agency maintain sexual abuse data collected pursuant to §115.87 "for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer." The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the MDOC website.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is apparent that both the MDOC PREA Coordinator, as well as the administration of the BCC, operate with transparency in government in accordance to state statute and federal law. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieved overall compliance.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC Posted Auditor Notice (English) · BCC Posted Auditor Notice (Spanish) <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · BCC PREA Site Coordinator

- BCC Facility Warden
- Random/Targeted Staff
- Random/Targeted Inmates

Site Review Observations:

- On-site inspection of the entire BCC
- Review of documentation available via onsite inspection

Standard Subsections:

(A) As evidenced by presence of facility audits on the MDOC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all MDOC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.

(B) This is Audit Year One of Cycle Four.

(H) The auditor had full access to all areas of the facility.

(A) All documents requested by the auditor were received in a timely manner.

(A) The auditor was permitted to conduct private interviews with inmates.

(B) Inmates were permitted to correspond with the auditor using privileged mail processes.

Reasoning & Findings Statement:

Both the MDOC PREA Coordinator and the BCC PREA Site Coordinator were fully

	<p>prepared for this review. The auditor was provided the PAQ in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Facility staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the BCC. Accordingly, BCC has exceeded the provisions of this standard.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · BCC Posted Auditor Notice (English) · BCC Posted Auditor Notice (Spanish) <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Review of documentation available via the MDOC PREA website · On-site inspection of BCC <p>Standard Subsections:</p>

(F) A review of the agency website reflects that the MDOC has published all final audit reports for prior audits completed during the last three years preceding this audit as they were made available to the agency. The PREA Coordinator affirms that all facilities within the MDOC have been audited in accordance to schedule and their reports subsequently published on the agency's website as they were made available to the agency.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the MDOC does have an agency website and has made all facility PREA reports accessible by the public as they were made available to the agency.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	na
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)			
	<table><tr><td data-bbox="316 174 1289 568"><p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p></td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes
<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes		

PREA Facility Audit Report: Final

Name of Facility: Eastern Reception, Diagnostic and Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Valerie Wolfe Mahfood	Date of Signature: 08/10/ 2023

AUDITOR INFORMATION	
Auditor name:	Mahfood, Valerie Wolfe
Email:	wolfemahfood@aol.com
Start Date of On-Site Audit:	06/24/2023
End Date of On-Site Audit:	06/26/2023

FACILITY INFORMATION	
Facility name:	Eastern Reception, Diagnostic and Correctional Center
Facility physical address:	2727 Highway K, Bonne Terre, Missouri - 63628
Facility mailing address:	

Primary Contact

Name:	Kristan Portell
Email Address:	kristan.portell@doc.mo.gov
Telephone Number:	573-358-5516 x1805

Warden/Jail Administrator/Sheriff/Director

Name:	Richard Adams
Email Address:	richard.adams@doc.mo.gov
Telephone Number:	573-358-5516

Facility PREA Compliance Manager

Name:	Heather Cofer
Email Address:	heather.cofer@doc.mo.gov
Telephone Number:	O: 573-358-5516
Name:	Kristan Portell
Email Address:	kristan.portell@doc.mo.gov
Telephone Number:	O: 573-358-5516

Facility Health Service Administrator On-site

Name:	Dawn Bernard
Email Address:	dawn.d.bernard@doc.mo.gov
Telephone Number:	573-358-5516 x1638

Facility Characteristics

Designed facility capacity:	2684
Current population of facility:	2278

Average daily population for the past 12 months:	2237
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-88
Facility security levels/inmate custody levels:	C-1 -C5 / Minimum to Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	681
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	103
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	28

AGENCY INFORMATION

Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:

Name:	Anne L. Precythe
Email Address:	Anne.Precythe@doc.mo.gov

Telephone Number:	573-526-6607
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Agency-Wide PREA Coordinator Information			
Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
8	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.14 - Youthful inmates • 115.16 - Inmates with disabilities and inmates who are limited English proficient • 115.32 - Volunteer and contractor training • 115.51 - Inmate reporting • 115.53 - Inmate access to outside confidential support services • 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers • 115.401 - Frequency and scope of audits

Number of standards met:	
37	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-24
2. End date of the onsite portion of the audit:	2023-06-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International, Southeast Missouri Family Violent Council

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2684
15. Average daily population for the past 12 months:	2237
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2199
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	00
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	00
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	00
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	00
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	00
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	00

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	20
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	00
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	00 = A running count of this category of inmate is not tracked within the facility for the 12 months preceding the audit. The information is recorded and kept in individual offender filed, but not tracked in a manner that an institutional list can be generated.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	681
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	28

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	103
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	NA
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst population.

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Housing Rosters
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	NA
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	6
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed facility documentation, asked staff working in segregated areas, and asked all inmates interviewed for relevant information.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>Inmates were allowed to self-select out of and/or into all targeted categories during the interview process. As such, while facility records may or may not include inmates within targeted categories, targeted protocols were still completed for any inmate who self-selected into any targeted protocol at the time of the interview. Also, it should be noted that if there were not enough inmates assigned to the facility within a targeted group, oversampling was done in other targeted groups to ensure the minimum number of targeted interviews were conducted. Lastly, four targeted inmates refused to interview.</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility </div> <div> <input checked="" type="checkbox"/> Shift assignment </div> <div> <input checked="" type="checkbox"/> Work assignment </div> <div> <input checked="" type="checkbox"/> Rank (or equivalent) </div> <div> <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) </div> <div> <input type="checkbox"/> None </div>
If "Other," describe:	Gender, race, ethnicity, languages spoken, or other distinguishing factors amongst staff relative to their employment.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div>

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>Due to staff shortages, supervisory staff, such as Captains, may work in the function of a correctional officer. As such, some supervisory staff were interviewed as random staff.</p>
Specialized Staff, Volunteers, and Contractor Interviews	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	<p>20</p>
76. Were you able to interview the Agency Head?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
78. Were you able to interview the PREA Coordinator?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
79. Were you able to interview the PREA Compliance Manager?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☒ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Commissary, Grievance, Mailroom Staff, Training Staff, Law Library
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	Due to staff shortages, supervisory staff, such as Captains, may work in the function of a correctional officer. As such, some supervisory staff were interviewed as random staff.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	NA
Documentation Sampling	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Additional documentation sampling respective to the interview component of the triangulation process.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	13	0	13	0
Staff-on-inmate sexual abuse	16	0	16	0
Total	29	0	29	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	6	0	6	0
Staff-on-inmate sexual harassment	14	0	14	0
Total	20	0	20	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	5	0	0	0	0
Staff-on-inmate sexual abuse	5	0	0	0	0
Total	10	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	5	2	3	3
Staff-on-inmate sexual abuse	5	4	5	2
Total	10	6	8	4

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	5	1
Staff-on-inmate sexual harassment	0	4	10	0
Total	0	4	15	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

14

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	8
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	6
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

3

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

All cases are initially treated and reviewed as criminal allegations until the merits of the allegation, or subsequent investigation, determine the complaint to be less than criminal. At that point, the investigation, which still continues until exhausted, is deemed administrative in nature.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 MDOC PREA Organizational Chart, 10/22 MDOC Organizational Chart, 2018 ERDCC Organizational Chart ERDCC Coordinated Response Protocol, 10-26-22 <p>Interviews:</p>

- Agency Head
- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Agency PREA Coordinator, in conjunction with an Assistant PREA Coordinator and the Eastern Reception, Diagnostic and Correctional Center (ERDCC) PREA Site Coordinator, oversees the ERDCC PREA program.
- The ERDCC PREA Site Coordinator is physically assigned to the ERDCC and maintains a permanent office, with routine activities, within said institution as a function of staff assignment.

Standard Subsections:

(A) D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19, provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It outlines the agency's approach to preventing, detecting, and responding to such conduct. It also works to establish "the department's zero tolerance for offender sexual abuse and harassment and establishes strategies and responses to reduce and prevent offender sexual abuse and harassment" (D1-8.13).

(B) The agency has employed an agency-wide PREA Coordinator. This position is within the upper hierarchy of organizational authority within the MDOC. The PREA Coordinator's sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. In doing so, the PREA Coordinator is charged with the direct supervision of one Assistant PREA Coordinator. The PREA Coordinator, in coordination with the Assistant PREA Coordinator and facility wardens, oversee the implementation of PREA standards at the facility level.

	<p>(C) The State of Missouri operates numerous penal institutions. Each warden within said institution has been charged with designating a PREA Compliance Manager, also known as a PREA Site Coordinator. The ERDCC Warden affirms designation of the ERDCC PREA Site Coordinator to serve in this capacity. The ERDCC PREA Site Coordinator further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure the agency operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated persons. As well, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. In addition to the overall agency policy, each facility, to include ERDCC, has further developed its own coordinated response plan to effectively apply the agency's broad policy to the uniqueness of their individual units. Such forethought ensures that every facet of the agency's policy is included in the standard operating procedures unique to every institution. Additionally, though the standard requires the minimum staffing of one agency-wide PREA Coordinator with individual PREA Compliance Managers assigned to each facility, the State of Missouri has exceeded this requirement through the additional employment of an Assistant PREA Coordinator. The sole function of this assistant position is to better coordinate and advance the implementation of the PREA standards and policies to significantly increase the sexual safety of all incarcerated persons within the MDOC. As well, although the standard requires only one PREA Compliance Manager is assigned to each facility, the ERDCC has exceeded that requirement by designating auxiliary staff to help facilitate the institution's PREA compliance program. As such, both the agency and the facility have clearly exceeded the basic requirements of this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19

- ERDCC Confinement Contract Memo, 5-1-23

Interviews:

- Agency Contract Administrator
- Agency PREA Coordinator
- Random Staff Interviews

Site Review Observations:

- The ERDCC is a publicly operated correctional facility through the Missouri Department of Corrections (MDOC).

Standard Subsections:

(A) The MDOC has a minimal number of contracts for the confinement of its inmates with other public and private agencies within its Parole Division. Per the Agency Contract Administrator, these agreements all require that the contracted agency adopts and complies with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).

(B) Per the Agency Contract Administrator, these contracts also contain language requiring that the MDOC monitors PREA compliance of all contracted facilities, as well as provide relevant training on their responsibilities under MDOC's policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the MDOC PREA auditing schedule, all MDOC facilities, either privately or publicly owned, are routinely audited for their compliance with the PREA standards.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the Missouri Department of Corrections, complies with the PREA

	standards. In this, prior to engaging any contractual relationship with a public or private agency, the MDOC ensures that all agencies understand that it is their absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the MDOC, these agencies understand their continuing duty to remain in compliance with PREA standards. Lastly, these facilities are routinely audited on a rotating basis to encourage said compliance. Hence, the MDOC has met the established requirements under this standard.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Staffing and Yearly Reporting Implementation Team, 5-4-10 · MDOC IS20-1.1, Post Orders, 11-11-22 · ERDCC Staffing Plan, 3-29-23 · ERDCC Institutional Post Analysis, 12-1-2009 · ERDCC Master Post Listing, 2021 · ERDCC Memo Custody Post Realignment Proposal, 12-30-22 · ERDCC Memo Custody Post Realignment Proposal, 1-5-23 · ERDCC Shift Over View, 12-17-22a, 12-17-22b, 8-9-22a, 8-9-22b, 6-13-22a, 6-13-22b · ERDCC Annual PREA Report, 2022 · ERDCC Unannounced Rounds, Weekly: 2-12-21, 2-19-21, 2-12-22, 2-19-22a, 2-19-22b, 2-26-23, 3-5-23a, 3-5-23b, 3-12-23a, 3-12-23b, 3-12-23c, 4-2-23a, 4-2-23b, 4-9-23, 4-16-23 <p>Interviews:</p>

ERDCC Facility Warden
Agency PREA Coordinator
ERDCC PREA Site Coordinator
Intermediate or Higher-Level Facility Staff
Random Staff
Random Inmates

Site Review Observations:

- All inmate housing areas contain at least one security staff post that is continuously monitored by staff. All areas of high inmate traffic are assigned permanent staffing positions while in operation.
- During the site review, supervisory staff were observed making routine and frequent rounds throughout the facility. All random staff interviewed did indicate that supervisory staff were available to them as needed and did conduct unannounced rounds as required. Supervisory staff were also observed conducting unannounced rounds within the facility. As well, inmates interviewed did confirm their access to supervisory staff on a routine and regular basis via their unannounced rounds of inmate housing areas.
- While conducting supervisory rounds, ranking officials were routinely observed reviewing required documentation completed by line staff as a function of their duty posts.
- During the on-site portion of the audit, area logbooks were inspected to ensure supervisory staff were conducting, and properly documenting, their unannounced rounds.
- Area logbooks were also reviewed to ensure that opposite gender advisements on all facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The ERDCC has developed and documented an annual staffing plan. Facility

administrators are required to make their best efforts in complying with said plan on a regular basis to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. As explicitly noted within the ERDCC Staffing Plan (2023), as well as confirmed via the ERDCC warden, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. When present, the staffing plan would consider any findings of inadequacies made by federal investigative agencies, judicial, internal, or external oversight authorities. The ERDCC Staffing Plan requires that the unit considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programming needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. As noted by the facility warden, Unit Administration does consider the nature of the inmate population and current issues/trends within the inmate population when determining staffing levels. The ERDCC staffing plan was predicated consistent with average daily number of inmates assigned to the ERDCC.

(B) MDOC policy governs the minimum use of employee staffing (ERDCC Staffing Plan). If unit staffing levels fall below these minimum requirements, MDOC policy further requires that facility staff properly document each occurrence. Within the past twelve months, the staffing levels of ERDCC have fallen below the required levels. The six (6) most common reason for staffing shortages are: high post vacancy, unexcused unscheduled absences, excused unscheduled absences, inclement weather conditions, Corrections Emergency Response Team (CERT) activations, and special scheduled security detail.

(C) The facility conducts an annual review of its staffing plan. As evidenced via interviews with agency and facility staff, as well as documented as a function of the staffing plan review process, in completing the ERDCC staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the ERDCC PREA Site Coordinator, to develop the facility staffing plan in accordance with the 115.13(a). As well, PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan and the use of video monitoring technologies within the facility.

(D) The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (D1-8.13). Policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted (D1-8.13, MDOC SOP20-1.1). The timing of the site reviewed allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and

	<p>supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed area logbooks throughout the facility. Said documentation did reflect that supervisory staff were conducting unannounced rounds. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds and were available to line staff if needed. Staff also noted that it was a violation of policy to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random inmates, offenders consistently stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility and were accessible to inmates if needed. During the site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas; thus, further supporting the claim that said staff are routinely present in inmate housing areas.</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the audit time frame, the ERDCC has not deviated from its staffing plan. However, the agency does have a policy in place requiring all deviations of the staffing plan to be documented. To ensure that the sexual safety of offenders assigned to the ERDCC is given sufficient weight in determining facility staffing needs, the ERDCC staffing plan is reviewed annually in coordination with all ERDCC PREA staffing components, to include the average number of inmates assigned to the facility. Lastly, to ensure meaningful and effective correctional supervision, ERDCC supervisors routinely conduct and document unannounced rounds. As such, the ERDCC meets the requirements of this provision.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19

- IS5-3.1, Offender Housing Assignments, 2-9-19
- IS5-1.1, Diagnostic Center Reception and Orientation, 2-9-19
- MDOC Offender Rulebook, 2019
- Missouri State Statute, Chapter 217, Section 217.345, 8-28-13
- ERDCC Youthful Offender Memo, 5-1-23

Interviews:

- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Random Staff
- Random/Targeted Inmates

Site Review Observations:

- While conducting the on-site review, the auditor did not observe any inmates who appeared
excessively youthful.
- In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less
than 18 years before the date of the on-site review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any
knowledge of any inmates assigned to the ERDCC who were not at least 18 years of age.

Standard Subsections:

	<p>(A) Missouri statute, as well as MDOC policy (Offender Orientation Handbook, 2019), prohibits the placement of any inmate less than 18 years of age in a housing unit within sight or sound of any adult inmates. As well, adolescent offenders may not have any physical contact through the use of a shared dayroom or other common space, shower area, or sleeping quarters, with any adult inmate without direct supervision from correctional staff.</p> <p>(B) As ERDCC does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful inmates and adult inmates.</p> <p>(C) As ERDCC does not house any inmate less than 18 years of age, its unit administration has absolutely avoided placing any adolescent offenders in isolation in order prevent them from living within sight and sound of adult inmates. Hence, the ERDCC has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires that the agency ensures sight and sound separation between adolescent offenders and adult inmates. Alternatively, the standard requires that there is direct staff supervision when adolescent offenders and adult inmates have the possibility of sight, sound, or physical contact. The MDOC mandates that without direct supervision, adolescent offenders cannot be housed in a correctional facility where they have sight, sound, or physical contact with any adult inmate. As ERDCC contains only adult housing units, ERDCC is prohibited from receiving, and subsequently housing, adolescent offenders. As such, the facility has exceeded this standard by maintaining an absolute and constant sight, sound, and physical barrier between adolescent offenders and incarcerated adults.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- DSOP1-8.13, Offender Sexual Abuse and Harassment, 7-14-19
- IS11-34.1, Health Assessment and/or Physical Examination at Reception, 7-17-21
- IS20-1.3, Searches, 4-23-23
- IS6-1.3, Offender Personal Appearance & Grooming, 12-23-22
- MDOC Training Academy Lesson Plan, 9-20-14
- MDOC Memo, Cross-Gender Announcement, Revision, 2-18-16
- MDOC Revised Training, Search Curriculum, 10-15-14
- ERDCC Academy Search Training, 2022-2023
- ERDCC Cross Gender Search, 10-12-22
- ERDCC Cross Gender Search, 7-5-22
- ERDCC Cross Gender Search, 5-17-23
- ERDCC Conduct Violation Report, 5-17-23

Interviews:

ERDCC PREA Site Coordinator
 ERDCC Facility Warden
 Intermediate or Higher-Level Facility Staff
 Random Staff
 Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
 Random Inmates

Site Review Observations:

- During the site review, staff were routinely observed making cross-gender announcements
 when persons of the opposite gender entered inmate housing areas.
- Supervisory staff were observed conducting their routine security checks within inmate housing

areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and

scheduled rounds, were subsequently documented on the area logbooks.

- Review of area logbooks throughout the facility demonstrated that unannounced rounds were being conducted and female presence was being announced as required.
- Privacy shields were in place inhibiting the view into all inmate restrooms.
- Privacy shields were in place and/or available in all medical examination rooms.
- Privacy screens were noted in all shower areas.

Standard Subsections:

(A) Policy (D1-8.13, IS20-1.3) prohibits cross-gender unclothed or visual body cavity searches of inmates except in exigent circumstances or by medical practitioners. During the audit time frame, there have been three (3) cross-gender strip or cross-gender visual body cavity searches of inmates. All instances were documented, with documentation reviewed during the onsite portion of the audit.

(B) The ERDCC is a male facility. There are no biological females incarcerated at this facility.

(C) Policy (D1-8.13, IS20-1.3) requires that all cross-gender unclothed and visual body cavity searches are documented. During the audit time frame, the facility has engaged in cross-gender unclothed searches as a result of exigent circumstances in three (3) instances. Per the ERDCC PREA Site Coordinator, these events were properly documented as required by policy. Documentation was also reviewed during the onsite portion of the audit. Lastly, it should also be noted that all random staff interviewed understood that such action, while unlikely, would require justification.

(D) The ERDCC does have policies (D1-8.13, IS20-1.3) in place that allows offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing inmate buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Specifically, agency policy (D1-8.13) requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. The facility does

follow policy in requiring that staff of the opposite gender announce their presence when entering an inmate housing area. All female Random Staff interviewed did confirm their adherence to said policy. As well, all other Random Staff confirmed this practice. During inmate interviews, most offenders confirmed that female staff do announce their presence upon entering inmate housing units. Also, it was noted that modesty barriers and curtains were in place throughout the facility to inhibit the viewing of inmates in a state of undress.

(E) MDOC policy (D1-8.13, IS11-34.1, IS20-1.3) prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an inmate is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. Instead, staff noted to determine gender, if necessary, they would contact the medical department, their supervisor, or simply ask the inmate.

(F) Records reflect that ERDCC security staff have been trained on proper policy specific to conducting cross-gender clothed searches and transgender clothed searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their receipt of said training within the last year, as well as their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate's genital status. MDOC procedures (D1-8.13) specify that "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." The MDOC Training Academy Lesson Plan regarding offender searches, provides clear instructions on how staff will perform searches of any inmate, to include transgender inmates. Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the ERDCC. As well, review of the facility training matrix reflects that 100% of all correctional staff assigned to the ERDCC have been trained on how to conduct searches in a professional and least intrusive manner as possible.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity searches. The MDOC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender unclothed body or cavity searches, policy subsequently requires this search to be properly justified and documented. Agency security staff are trained on the proper procedures to conduct clothed searches on transgender and intersex inmates, which

	requires said searches to be performed in a professional and least intrusive manner as possible. Agency policy also requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. Documentation, as well as staff and offender interviews, verify this procedure is followed. As such, the ERDCC has satisfied the requirements of this standard.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Verbal Language Interpretation Services – Statewide, 8-28-22 · MDOC Sign Language Interpretation Services – Statewide, 8-28-22 · MDOC Offender Rule Book, 2019 · MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11 · MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders · MDOC Speaking Up – Transcript of (PREA) Video for Female Offenders · MDOC Memo, PREA – Offender Education, 4-11-12 · Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille · Offender Sexual Abuse and Harassment Training Acknowledgment Form, English · Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese · Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print · Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian · Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian

- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese
- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Clock, English
- Sexual Abuse Awareness Reporting Poster, Female Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, English
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, English
- Sexual Abuse Awareness Reporting Poster, Stop Sign, Spanish
- Sexual Abuse Awareness Reporting Poster, Stop Sign, English

Interviews:

- Agency Head
- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates with Disabilities
- Inmates with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly
 announce inmate information, to include when female staff entered the housing area.
- Handicap accommodations were easily recognizable and accessible throughout the facility.
 Handicap shower areas contained appropriate PREA modesty screens.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by
 significant portions of the inmate population; namely English and Spanish.
- Braille materials were available to assist inmates with impaired vision.
- Language line services were available for staff to communicate with inmates who do not speak
 English or a language common to facility staff.
- Video technology services were available for American Sign Language assistance.
- Staff translators speaking a variety of languages were available.
- Mental Health/Medical Services were available to assist cognitively or other

disabled inmates.

Standard Subsections:

(A) The MDOC has developed an agency wide policy (D1-8.13) to enhance PREA communication efforts with disabled inmates, such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; to provide said inmates with an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The video format includes closed caption. Written versions of the policy are available in braille for the visually impaired. The ERDCC maintains a contract for translation and interpretation services to assist inmates who do not speak a language common to ERDCC staff. In this, the language line services can also be used to translate PREA, as well other confidential information.

When interviewing random staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. When speaking with a LEP inmate, this person stated that their limited English proficiency had not prevented them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were also interviewed. These inmates all stated that either MDOC has made accommodations for their disabilities or that their disabilities did not prevent them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational pamphlet is printed in eight languages: English, Japanese, Russian, Serbo Croatian, Simplified Chinese, Spanish, Traditional Chinese, and Vietnamese. It is also available in Braille, as well as large print. The PREA Offender Education Video can be seen by inmates in English and Spanish, along with being illustrated via closed captioning. As needed, per the ERDCC PREA Site Coordinator, language line services can also be used to translate PREA information into other languages, including American Sign Language.

(C) The MDOC has developed agency-wide policies that prohibit the use of inmate interpreters or other types of inmate-based assistance in the transmission or

	<p>subsequent investigation of security sensitive information, such as PREA related matters (D1-8.13). The agency has also developed agency wide policies to enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (D1-8.13); so as to provide said inmates with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of inmate interpreters or other types of inmate-based assistance. ERDCC staff are aware of these agency policies and as affirmed during random staff interviews, do not utilize inmate interpreters for security sensitive matters. Additionally, agency documentation does not reflect that any (0) inmate interpreters have been used in any capacity of a sexual abuse or sexual harassment investigation during the audit time frame.</p> <p>Reasoning & Findings Statement:</p> <p>This standard seeks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said inmates have equal access. The MDOC recognizes that need and has provided informational brochures in the most common spoken inmate languages; namely, English and Spanish, as well as lesser spoken languages (Japanese, Russian, Serbo Croatian, Simplified Chinese, Traditional Chinese, and Vietnamese). These informational brochures are also available in Braille and large print. The ERDCC maintains sufficient stocks of PREA informational brochures in all printed languages to ensure their availability should it be required. Additionally, the ERDCC routinely stocks PREA informational brochures, as well as broadcasts PREA informational videos, in Spanish, the most commonly spoken language inside of ERDCC outside of English. The PREA video also contains closed captioning for the deaf/hearing impaired. Staff have been trained, and are provided continuous refresher training, in the management of inmates with sensorial disabilities, as well as in cultural awareness. Lastly, it should be noted that at no time during the audit time frame has ERDCC used inmate interpreters to help agency staff communicate with another inmate regarding security sensitive information. For these reasons, it is more than evident that the ERDCC has exceeded the requirements of this standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- D2-11.14, Annual Employment Requirements, 11-1-15
- D2-13.1, Volunteers and Reentry Partners, 7-10-21
- D2-2.2, Background Investigations, 12-12-15
- D2-2.23, Candidate Selection, 6-3-22
- MDOC Employee Handbook, 2020
- MDOC Employee Handbook, 2010
- MDOC Applicant Statement

Interviews:

- Administrative (Human Resources) Staff
- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden

Site Review Observations:

- Review documentation of recently hired/promoted employee files
- Review of volunteer and contractor PREA Acknowledgement/Training forms
- Review of ERDCC employee PREA training documents

Standard Subsections:

(A) The MDOC has developed agency wide policies (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) that prohibit the hiring or promotion of employees and contracted

workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with inmates, while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment or moral turpitude will be considered. According to Human Resource staff, prior to hiring any new employee, the MDOC Central Office will ensure that criminal background checks have been conducted on the prospective employee. As well, Human Resource staff ensure that all previous institutions of employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, unless it is prohibited by law, policy also requires that the ERDCC cooperate with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

(B) MDOC policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the MDOC Human Resource representative, agency policy requires that Human Resource staff verify contractor employment history. In this, the facility conducts routine criminal background checks on contractors prior to employment and then at subsequent intervals as required by policy.

(C) Before hiring or promoting employees, policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires the agency to perform criminal background checks. Policy also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. In speaking with the ERDCC Human Resource representative, agency policy requires Human Resource staff verify staff employment history. In this, the Central Office conducts routine criminal background checks on staff prior to employment and then at subsequent intervals as required by policy.

(D) Agency policy (D1-8.13) requires that prior to enlisting the services of any contractor who may have contact with inmates, the facility performs a criminal background record check on said contractors. More specifically, per policy #D1-8.13, it is the responsibility of the Chief Administrative Officer to ensure criminal background and PREA checks are conducted and maintained on all employees, to included contracted staff, by the institution employing said persons. In speaking with ERDCC PREA Site Coordinator, it was noted that all contracted staff assigned to ERDCC; namely medical and mental health Centurion employees, have criminal background checks performed annually by the facility.

(E) Once employed, agency policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires that criminal background checks are subsequently monitored for staff/contractor contact with law enforcement agencies. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(F) All applicants, employees, and contractors are required to disclose (during the application process) any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the MDOC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(G) Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination.

(H) Per ERDCC Human Resource staff, agency policy allows that unless prohibited by law, the MDOC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

Reasoning & Findings Statement:

This standard requires the agency to consider the sexual safety of inmates in the hiring of all employees and contracted staff, as well as in all hiring and promotion decisions within the agency. PREA standards also require that, once hired, staff and contractor background checks occur once every five years. The agency has numerous practices in place to ensure that end. Prior to hiring any new employee, the MDOC Central Office will ensure that criminal background checks have been conducted on the prospective employee. Agency policy also requires that prior to enlisting the services of any contractor who may have contact with inmates, the facility performs a criminal background record check on said contractors. Both contractors and staff have an affirmative duty to report any contact they might have with law enforcement

	agencies. As well, the ERDCC performs annual criminal background checks on all staff and contractors. A review of employee and contractor files reflects that annual reviews for employees and contractors are being conducted. As such, the ERDCC has met the requirements of this standard.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · ERDCC Annual PREA Report, 2022 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Head · Agency PREA Coordinator · ERDCC PREA Site Coordinator · ERDCC Facility Warden <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Observed video monitoring technologies present within the facility. <p>Standard Subsections:</p> <p>(A) Per the ERDCC Warden, the ERDCC has made a substantial modification of the existing facility within the audit time frame; specifically, closing one housing unit. In this, the ERDCC Warden noted that unit administration considered the effect that the modification had the facility’s ability to protect inmates from sexual abuse. Prior to</p>

	<p>this modification, the ERDCC Warden noted that the closure was discussed with both the ERDCC PREA Site Coordinator and the agency's PREA Coordinator.</p> <p>(B) Per the ERDCC Warden, the ERDCC has installed or updated the video monitoring system or other monitoring technology since the last PREA audit. In doing this, the facility did consider the impact of video surveillance on enhancing offender protection from sexual abuse.</p> <p>Reasoning & Findings Statement:</p> <p>Within the audit time frame, ERDCC has made a substantial modification to its existing facilities. In doing this, unit administration did consider the effect that the modification had on the facility's ability to protect inmates from sexual abuse. Also, prior to the modification, the changes were discussed with the ERDCC PREA Site Coordinator and the agency's PREA Coordinator. Additionally, as a function of its annual staffing review, the ERDCC does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the ERDCC seeks to maximize the facility's ability to protect inmates from sexual abuse. As such, the ERDCC has met the provisions of this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21 · D1-8.1, Office of Professional Standards, 7-1-17 · IS5-3.1 Offender Housing Assignments, 2-9-19 · MDOC Forensic Exam Memo, 3-15-23 · MDOC Memo, Evidence Protocol, 3-15-23

- MDOC Memo, Evidence Protocol, 8-29-17
- MDOC Agency Use SANE Hospitals, 2023
- MDOC MOU Corizon, Specific Hospital Services
- MDOC Corizon SANE Nurse Credential Log, 4-13-18
- MDOC Memo, Local Law Enforcement's Use of PREA Standards, 6-6-14
- Missouri State Statute, Chapter 217, Section 217.345, 8-28-13
- ERDCC DOC PREA Training: Advocacy with Survivors of Sexual Victimization, 3-28-22
- ERDCC DOC PREA Training: Advocacy with Survivors of Sexual Victimization, 6-29-21
- ERDCC MOU Southeast Missouri Family Violence Council, 10-18-13

Interviews:

- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Investigative Staff
- Random Staff
- Medical and Mental Health Staff
- SAFE/SANE
- Local Rape Advocacy Center
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Reviewed complete PREA investigation files at ERDCC.

Standard Subsections:

(A) Agency policy mandates that PREA Unit Investigators and PREA Site Investigators are responsible for investigating all allegations of sexual abuse. In this, policy requires that the PREA Unit and Site Investigators follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.

(B) While the ERDCC does not house adolescent offenders, it does still utilize a developmentally appropriate youth protocol. Furthermore, agency policy requires the facility to utilize an evidence protocol that was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents.

(C) In accordance with agency protocol, the ERDCC does ensure that all inmates are given access to forensic medical examinations without cost (D1-9.13, D1-8.8, D1-8.13). There are medical staff assigned to the ERDCC who are qualified SAFE/SANE nursing staff. As SAFE/SANE staff at the ERDCC are either on duty or on call 24 hours a day, seven days a week, forensic examinations will always be performed by a qualified medical practitioner. During the audit time frame, the ERDCC has been required to facilitate four (4) such forensic medical examinations.

(D) The agency does attempt to make a victim's advocate available for offender support. In this, the facility has reached a Memorandum of Understanding with a local rape advocacy center; namely, Southeast Missouri Family Violence Council. As well, facility staff have received qualifying training specific to advocacy services and sexual assault.

(E) In accordance with policy (D1-9.13, D1-8.8, D1-8.13), and as requested by the victim, a rape advocacy person may remain with the inmate through the forensic medical examination process and investigatory interviews. Per the agency PREA Coordinator, this person may also provide emotional support, crisis intervention, information, and referrals.

(F) Agency policy (D1-9.13, D1-8.8, D1-8.13) mandates that the PREA Unit Investigators and PREA Site Investigators are responsible for investigating criminal allegations of sexual abuse. To this effect, agency policy does require that the PREA Unit Investigators and PREA Site Investigators utilize agency protocol that is based on

the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/ Adolescents as the evidence collection protocol. However, in the event that an outside law enforcement agency does investigate criminal allegations of sexual abuse within the facility, the ERDCC has requested that the local sheriff's office utilize practices compliant with the PREA standards.

(G) The auditor is not required to audit this provision.

(H) Only qualified persons may serve as a victim advocate. As such, facility has reached a Memorandum of Understanding with a local rape advocacy center; namely, Southeast Missouri Family Violence Council. In consideration of this understanding, all advocacy staff have received appropriate training. Additionally, agency staff who serve as inmate advocates during the processing of a sexual abuse investigation have also received appropriate training regarding such advocacy. In this manner, the agency has ensured that all persons who have advocacy contact with ERDCC inmates have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

This standard concerns evidence protocol, forensic medical examinations, and rape crisis advocacy services. Agency policy requires investigative staff to utilize a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. This protocol was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/ Adolescents. In this, the facility has reached a Memorandum of Understanding with a local rape advocacy center; namely, Southeast Missouri Family Violence Council to ensure advocacy persons are available to provide offenders with advocacy services through the forensic medical examination process and subsequent investigatory interviews. As well, facility-based staff have received appropriate training as inmate advocates during sexual abuse investigations. Victim advocates may also provide inmates with emotional support, crisis intervention, information, and referrals. During the audit time frame, the ERDCC has initiated the evidence protocol and forensic medical examination process four (4) times. In this, agency policy does require at all forensic exams are performed by qualified SAFE/SANE practitioners. As such, the ERDCC has met the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21
- D1-8.1, Office of Professional Standards, 7-1-17
- D1-8.4, Institutional Investigations, 10-24-21
- MDOC Investigations Memo
- ERDCC Annual PREA Report, 2022

Interviews:

- Agency Head
- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Agency Investigative Staff
- Medical Staff
- Mental Health Staff
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Reviewed nineteen (19) completed PREA investigation files at ERDCC.

Standard Subsections:

(A) Policy (D1-81.3, D1-8.8, D1-8.1, D1-8.4) requires that administrative or criminal investigations be completed for all allegations of sexual abuse and sexual harassment. Within the audit time frame, the ERDCC has received a total of fifty (50) sexual abuse and sexual harassment allegations. All those, nineteen (19) investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed as required by policy. Additionally, the auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made. At the time of the audit, the majority of said cases had been closed. As such, it is clear that the agency does ensure that either a criminal or administrative investigation is completed for allegations of sexual abuse and sexual harassment.

(B) The ERDCC refers all allegations of sexual abuse to PREA Unit or PREA Site Investigators. When investigations are escalated to a criminal level, they are worked in coordination with a local law enforcement agency with legal authority to conduct criminal investigations, as well as in consultation of the local District Attorney's Office. All referrals to law enforcement are documented by the facility. The MDOC has published relevant information to the PREA program, as well as the investigation process, on the agency website.

(C) In accordance policy (D1-8.13) the PREA Unit Investigators "shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website."

(D) The agency is responsible for conducting administrative and criminal investigations of alleged sexual abuse (D1-8.13, D1-8.8, D1-8.1, D1-8.4).

(E) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that referrals of sexual abuse and sexual harassment allegations are made for further investigation to proper law enforcement agencies. The MDOC does have appropriate policies in place mandating referrals of said allegations when appropriate. In interviewing the PREA Unit and onsite ERDCC

	Investigative staff, it is clear said staff refer all investigations to local law enforcement agencies as required by policy. In doing so, MDOC policy requests that all outside local law enforcement agencies conduct their investigations in accordance with the requirements of the PREA Standards. ERDCC investigative staff provided sufficient documentation to evidence the facility's adherence to agency protocol. As such, the ERDCC complies in all material ways with this standard for the relevant review period.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS20-1.3, Searches, 4-23-23 · MDOC Notice of PREA material available to all staff via agency intranet · MDOC Training Academy PREA Basic Training Lesson Plan, 2013 · MDOC Working with Female Offenders Training Lesson Plan, 12/13 · MDOC Standard 115.31 Upload Note · MDOC PREA Refresher Course, 2018 · MDOC Memo, Continuing Agency PREA Training · MDOC Memo, Agency Website Resources · MDOC Memo, Staff Training · ERDCC PREA Basic Training Acknowledgement: 11-21-16, 9-28-21a, 9-28-21b, 10-14-22a, 10-14-22b, 10-24-22, 11-16-22a, 11-16-22b, 1-5-23a, 1-5-23b, 1-5-23c, 1-5-23d, 1-24-23a, 1-24-23b, 1-24-23c, 1-24-23d, 2-17-23a, 2-17-23b, 2-17-23c, 3-9-23a, 3-9-23b, 3-17-23, 3-30-23a, 3-30-23b, 3-30-23c, 4-20-23a, 4-20-23b, 5-11-23a, 5-11-23b, 6-5-23a, 6-5-23b <p>Interviews:</p>

- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Administrative (Human Resources Staff)
- Random Staff

Site Review Observations:

- During staff interviews, all random staff were asked if, and when, they had received their required PREA training. These random employee responses were subsequently matched against the current ERDCC PREA Staff Training Matrix to ensure the validity of said responses.

Standard Subsections:

(A) Policy (D1-8.13) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. The Prison Rape Elimination Act training is a comprehensive analysis of state laws and PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as a discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. A review of training documentation reflects that employees are also informed that inmates have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

(B) The training curriculum review demonstrates that the material is appropriate for the gender of inmates at the employees' facility. As well, agency policy (D1-8.13) requires that all employees receive training specific to the gender of inmates assigned to the employee's unit of assignment.

	<p>(C) A review of completed ERDCC PREA Training records reflect that employees have received their initial PREA training. Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training.</p> <p>(D) All training is documented upon completion of the MDOC PREA training curriculum.</p> <p>Reasoning & Findings Statement:</p> <p>This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. ERDCC maintains compliance with those imperatives. All training is documented upon completion, with ERDCC maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. While this standard requires employees to be given PREA refresher training at least once every two years, the ERDCC provides this training on an annual basis. As such, ERDCC has met the requirements of this provision.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Brochure for Volunteers and Contractors · MDOC Volunteers in Corrections Lesson Plan, 12-30-11 · MDOC Volunteer, Intern, and Contractor (VIC) Training PowerPoint, 3-1-23 · MDOC VIC Discrimination, Harassment, Retaliation, and Unprofessional Conduct

Training Document, 3-1-23

- MDOC VIC Discrimination, Harassment, Retaliation, and Unprofessional Conduct Training for PowerPoint, 3-1-23
- MDOC VIC Discrimination, Harassment, Retaliation, and Unprofessional Conduct Training Video
- ERDCC Annual PREA Training Acknowledgement Contract Staff: 3-9-23a, 3-9-23b, 3-14-23, 3-23-23

Interviews:

- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- Contractors Who May Have Contact with Inmates
- Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Review of volunteer/contractor PREA training forms.

Standard Subsections:

(A) Policy (D1-8.13) requires that "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training." Per the ERDCC PREA Site Coordinator, 100% of those persons have received appropriate PREA training dependent on their level of contact with inmates within the facility.

	<p>(B) During the onsite audit, both volunteers and contract workers were interviewed. When interviewed, these persons all stated that they had been made aware of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member.</p> <p>(C) Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. Per agency policy, volunteers and contractors also receive refresher training every year. The ERDCC maintains a copy of all training files belonging to both volunteers and contractors. Volunteer/Contractor files were reviewed as part of the auditing process and found to be within compliance.</p> <p>Reasoning & Findings Statement:</p> <p>The agency requires all volunteers and contractors to receive formal training regarding sexual abuse and sexual harassment in a confinement setting, to include the agency's zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency's zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. The ERDCC has ensured both volunteers and contractors conducting business within the facility have received and subsequently documented their initial PREA trainings. In excess of the PREA standards, the MDOC also requires that volunteers and contractors receive subsequent PREA training in yearly intervals. In speaking with volunteers and contracted personnel, it was clear they understood the professional boundaries between themselves and the inmates assigned to the institution. As such, the ERDCC has exceeded the provisions of this standard.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC Verbal Language Interpretation Services – Statewide, 8-28-22
- MDOC Sign Language Interpretation Services – Statewide, 8-28-22
- MDOC Offender Rule Book, 2019
- MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11
- MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders
- MDOC Speaking Up – Transcript of (PREA) Video for Female Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese

- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Clock, English
- Sexual Abuse Awareness Reporting Poster, Female Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, English
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, English
- Sexual Abuse Awareness Reporting Poster, Stop Sign, Spanish
- Sexual Abuse Awareness Reporting Poster, Stop Sign, English
- ERDCC Offender PREA Training Acknowledgment: 7-6-09, 6-29-10, 8-12-13, 5-14-15, 3-16-21, 3-18-21, 3-22-23, 6-26-23a, 6-26-23b
- ERDCC Offender Intake Packet, 06/23

Interviews:

- ERDCC PREA Site Coordinator
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Random Inmates

Site Review Observations:

- Observed the inmate reception area.
- Observed PREA Risk Screening Process.
- Observed PREA informational postings in Inmate Housing, Education, Library, Law Library,
and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within
the Library and Law Library areas.
- MDOC PREA Sexual Abuse Awareness Poster, English
- MDOC PREA Sexual Abuse Awareness Poster, Spanish
- MDOC Notice of Cross-Gender Viewing Poster, English
- MDOC Notice of Cross-Gender Viewing Poster, Spanish

Standard Subsections:

(A) Procedure (D1-8.13) requires that upon receipt into the facility, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the audit time frame, the ERDCC has received 3,603 inmates during the Intake process. Of those inmates, 100% were provided the initial PREA screening and information.

(B) As noted by Intake staff, inmates are immediately provided a brief summary of the PREA standards upon their initial arrival to the facility. Inmates are then provided a more comprehensive training detailing key points of the process within thirty days of intake. Every inmate transferring into ERDCC, regardless of how long the inmate has been incarcerated within MDOC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response. Within the audit time frame, ERDCC has received 3,306 inmates whose stay at the facility was 30 days or more. Of those inmates, 100% received comprehensive education on their rights to be free from both sexual abuse and sexual harassment,

as well as retaliation for reporting such incidents, within 30 days of Intake.

(C) Per the ERDCC PREA Site Coordinator, all inmates who are incarcerated within the ERDCC are required to watch the Inmate PREA training video, Speaking Up, as a component of comprehensive PREA training. Upon any transfer to another facility within the MDOC, inmates are again required to watch the PREA orientation video as part of that facility's orientation program. The MDOC, despite having largely consistent policies across its system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer (D1-8.13). According to the agency's PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization.

(D) All PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the MDOC, and more specifically, the ERDCC. PREA brochures and informational posters are provided in both English and Spanish, the most common language other than English spoken within the ERDCC. The PREA brochure is also available in Japanese, Russian, Serbo Croatian, Simplified Chinese, Traditional Chinese, and Vietnamese. The PREA brochure is available in Braille and large print. The PREA video contains closed captioning for the hearing impaired. Staff translators, or translation services, are available for inmates who do not speak English. Sign Language assistance, large print, and braille are also available. Lastly, it should be noted that per policy (D1-8.13), the agency will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, to ensure said inmates have equal opportunity to benefit from the PREA provisions. Specifically, in accordance with policy, "the department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders" (D1-8.13).

(E) In accordance with policy (D1-8.13), at Intake, inmates are provided with a PREA overview. Within 30 days of Intake, inmates are then provided with a complete and comprehensive in-person facility orientation, to include PREA training. The information received is documented on the ERDCC Reception and Orientation Completion Form, which is then acknowledged via signature by the inmate receiving training and by the staff members witnessing the inmate's signature.

	<p>(F) Inmates are provided copies of the MDOC Sexual Abuse and Harassment of Offenders Brochure for inmates (available in English, Japanese, Russian, Serbo Croatian, Simplified Chinese, Spanish, Traditional Chinese, and Vietnamese). This material, as well as a wealth of other PREA related information, is continuously available within the facility's Law Library. It is also continuously available via each inmate's tablet. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that inmates are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. ERDCC provides each inmate with initial and subsequent PREA screening for indicators of sexual victimization. As well, ERDCC provides the required initial and subsequent PREA informational trainings. In speaking with inmates assigned to the ERDCC, said inmates stated that they were aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the ERDCC has met the expectations of compliance with the standards related to this provision.</p>
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115.34 Specialized training: Investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Training Academy Lesson Plan, PREA Specialized Investigator Training, Modules 1-6, 2016 · MDOC Memo, PREA Specialized Investigator Training, 5-18-15 · IG PREA Investigator Training Roster, 2012 · IG PREA Investigator Training Roster, 2013-2014 · IG PREA Investigator Training Roster, 2015

- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 1-19-23
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-4-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 8-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 7-18-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 9-25-17
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 5-31-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-20-17
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-17-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 6-19-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 5-15-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 2-17-16
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 2-1-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 3-11-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings,

10-22-18

- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 5-16-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 1-18-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 10-23-18

Interviews:

- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Administrative (Human Resources Staff)
- ERDCC Investigative Staff

Site Review Observations:

- Reviewed agency training records documenting investigative training curriculums

Standard Subsections:

(A) Per policy (D1-8.13), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(B) Per policy (D1-8.13), all investigators must receive specialized training in excess

	<p>of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.</p> <p>(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. A review of training records confirms that such documentation is maintained within agency files for all investigators currently utilized within the ERDCC.</p> <p>(D) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The MDOC investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. ERDCC investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that ERDCC staff have received specialized training in excess of the generalized training provided to all staff. As such, the ERDCC has met the requirements of this standard.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · MDOC Training Academy Lesson Plan, PREA-Specialized Medical/Mental Health

Professionals Training, 2017

- MDCO PREA Specialized Training for Medical and Mental Health Workbook, 2017
- MDCO PREA Specialized Training for Medical and Mental Health PowerPoint, 2017
- MDCO Adult/Adolescent SAFE/SANE Preparation and Refresher Course, 6-15-16
- MDOC Forensic Exam Memo, 9-22-16
- MDOC Corizon SANE Nurse Credential Log
- MDOC Corizon SANE Nurse Credential Log, 4-13-18
- ERDCC Corizon Health, Skills Competency SANE, 5-6-16
- ERDCC Annual PREA Training Acknowledgement Medical Staff: 7-25-22a, 7-25-22b, 8-1-22, 8-8-22, 9-6-22, 9-12-22, 11-7-22a, 11-7-22b, 11-7-22c, 11-28-22a, 11-28-22b, 11-28-22c, 12-5-22a, 12-5-22b, 12-5-22c, 12-27-22, 1-23-23, 2-13-23a, 2-13-23b, 2-27-23, 3-13-23a, 3-13-23b, 3-27-23, 4-8-23, 4-10-23a, 4-10-23b, 4-10-23c, 4-10-23d, 4-24-23a, 4-24-23b, 4-24-23c, 4-24-23d, 5-22-23a, 5-22-23b, 5-22-23c, 5-22-23d, 5-22-23e, 5-22-23f, 5-22-23g, 5-22-23h

Interviews:

- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- SANE/SAFE Contracted Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

(A) The ERDCC provides medical and mental health services to incarcerated persons assigned to its facility. Policy (D1-8.13) requires that in addition to the generalized training provided to all staff, all full and part-time medical and mental health staff shall receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct. Interviews with Human Resource and ERDCC medical/mental health staff confirm that staff have received trainings as required. Per the ERDCC PREA Site Coordinator, 100% of the eighty-three (83) medical/mental health staff assigned to the facility have participated in initial and/or continuing training requirements.

(B) In accordance agency policy and verified through interviews with ERDCC medical/mental health staff, Centurion medical staff may perform forensic medical examinations if they are qualified to do so. If there is a need for a forensic medical examiner, the offender will be examined at the facility by a qualified SANE/SAFE nurse or, if necessary, be taken to the local area hospital.

(C) A review of training records reflects that 100% of current Medical and Mental Health staff assigned to the ERDCC have received specialized training appropriate for their professional roles.

(D) As well, dependent on their professional role, a review of training records reflects that medical and mental health staff have also received the generalize PREA training provided to all other vendors, volunteers, and contractors working within a correctional setting.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received

	<p>specialized training in medical and mental health services provided to victims of sexual abuse and sexual harassment. The MDOC has policies in place to ensure all ERDCC medical and mental health staff are furnished this training. ERDCC medical and mental health administration confirmed that staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. Also, contracted SAFE/SANE staff confirm that all persons conducting forensic medical exams are properly certified to perform said exams. As such, the ERDCC meets the requirements of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS5-2.3, Offender Internal Classification, 9-15-14 · IS5-3.3, Transgender and Intersex Offenders, 7-6-19 · IS18-2.1, Institutional Assessment and Case Planning, 5-13-23 · MDOC Adult Internal Risk Assessment Training Manual Excerpt · MDOC PREA Risk Assessment Manual, 8-30-13 · ERDCC Event Driven Internal Risk Assessment, 7-3-14 · ERDCC Adult Internal Risk Assessment, Initial, 1-26-16 · ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 2-23-16 · ERDCC Adult Internal Risk Assessment, Initial, 6-23-15 · ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 7-16-15 · ERDCC Event Driven Internal Risk Assessment, 10-19-22 · ERDCC Adult Internal Risk Assessment, Initial, 3-16-21 · ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 4-6-21

- ERDCC Adult Internal Risk Assessment, Initial, 3-18-21
- ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 4-26-21

Interviews:

- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Random Inmates
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files for risk assessment information

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3) requires that all inmates be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. ERDCC Intake staff affirm the facility's adherence to agency policy. Specifically, all inmates received into the agency, as well as the facility, are screened

for sexual victimization and/or sexually abusive risk factors within 72 hours of receipt into the agency or facility. A demonstration of the screening process was observed by the auditor while at the facility. As well, Intake staff explained the facility reception, PREA awareness information, and risk assessment process in great detail.

(B) Policy (D1-8.13, IS5-2.3) requires that the screenings should occur within 72 hours after arrival. In speaking with ERDCC Intake staff, it was noted that said screenings generally take place immediately upon each inmate's arrival to the facility. Per the ERDCC PREA Site Coordinator, of the 3,591 inmates entering the facility (either through intake or transfer) within the audit time frame whose length of stay in the facility was for 72 hours or more, 3,490 were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility. The remaining 2.8% of the inmates were provided initial risk screening assessments, however, these assessments were done after 72 hours of their entry into the facility.

(C) The PREA screening assessment is conducted using an objective screening instrument. A review of the survey provided to inmates does not present itself with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the intake screening demonstration that was observed by the auditor. At intake, to determine an inmate's risk of sexual victimization, as well as an inmate's risk of sexual abusiveness, the inmate is asked a series of questions. To determine an inmate's risk of sexual abusiveness, as well as an inmate's risk of sexual abusiveness, the inmate is again questioned using this objective screening instrument.

(D) The PREA assessment process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Inmates are then asked if others perceive them as the same. Risk screeners are allowed to enter their subjective perception of the inmate's gender expression, as well as any additional information regarding the inmate's sexual safety. During inmate interviews, most inmates stated that they had, in fact, been asked the aforementioned questions upon their receipt into the ERDCC. Of these, a significant number of inmates interviewed also affirmed that staff later asked them the same, or

similar questions related to their sexual safety. There was, however, seven (7) inmates who stated that they were not asked any screening questions. To ensure the screening process was, in fact, occurring as required, Adult Internal Risk Assessments were reviewed onsite for these specific offenders. At that time, it was noted that all required risk screening documentation was available for six (6) of said offenders. As documentation for the seventh (7th) offender could not be located, to ensure that all offenders had, in fact, been asked the screening questions on the Adult Internal Risk Assessment, another assessment was provided to that offender.

(E) In assessing inmates for their risk of being sexually abusive, the PREA assessment form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a risk screening demonstration, the auditor also reviewed several PREA assessment forms. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that the Intake staff confirmed that inmates may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy (D1-8.13, IS5-2.3) requires that within 30 days of the inmate's arrival within the MDOC, or at a facility, the inmate will be reassessed using the Department's Adult Internal Risk Assessment screening tool. As noted by the MDOC during an internal compliance audit, within the audit time frame, only 2,085 of the 3,306 inmates with a length of stay in the ERDCC for 30 days or more were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the ERDCC. The remaining 36.9% of the inmates were provided subsequent risk assessments, however, these assessments were done after 30 days of their entry into the facility. Corrective action was taken to address this deficiency; namely, the agency generates a quarterly risk screening completion report across all MDOC facilities. This report is then reviewed by the agency-based PREA Unit. If a facility is found substantially out of compliance, it is required to immediately rectify any outstanding initial or 30-day risk screenings. Per the Agency PREA Coordinator and the ERDCC PREA Site Coordinator, the ERDCC is now substantially in compliance with having all initial and 30-day risk screening assessments completed within their required time frames. As such, no further action is needed to address this concern.

(G) Policy (D1-8.13) allows that "the offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." Both the ERDCC PREA Site Coordinator and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required.

(H) Policy (D1-8.13) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Assessment Form. When interviewed, Intake and the PREA Site Coordinator affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the Adult Internal Risk Assessment Form. As well, inmate interviews confirmed that said population was aware of their right not to answer related questions. None of the inmates interviewed stated that they had received any disciplinary sanctions for ever having failed or refused to answer intake/screening questions.

(I) Policy (D1-8.13, IS5-2.3) requires that PREA screenings are confidential in nature. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to PREA assessment forms, that facility staff must restrict the spread of information obtained as a function of PREA assessment forms to only those designated staff members with an operational need for said information to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The ERDCC PREA Site Coordinator, and other operative staff associated with PREA assessment forms, affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA assessment forms did require authorized credentials to access said documents within the MDOC electronic data base.

Reasoning & Findings Statement:

This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for objective Adult Internal Risk Assessments, which are subsequently administered and scored at the facility level as a simple fact assessment upon the offender's arrival to the facility. Inmates are then required to be reassessed, to include if new information is discovered by facility staff that might warrant changes in offenders' risk status, within 30 days of their facility arrival. During an internal compliance audit conducting by the MDOC, it was previously noted that a significant number of 30-day risk screening assessments within the audit time frame had not been completed per policy timeframes. As such, corrective action was taken by the agency to ensure appropriate compliance with agency timelines for completing all risk screening assessments. As noted by the agency PREA Coordinator, as well as the ERDCC PREA Site Coordinator, the ERDCC is now in substantial compliance with those requirements. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the ERDCC. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering Adult Internal Risk Assessments Forms

	affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the ERDCC has satisfied the requirements of this standard and no further action is needed.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS5-2.3, Offender Internal Classification, 9-15-14 · IS18-1.1, Required Activities, 8-28-14 · MDOC Authorized Gender Affirming Items, Male Institution, 2023 · MDOC Expanded Duties of the Transgender Team with policy excerpt, 3-10-23 · ERDCC Risk Assessment, 72 Hours, 6-13-23 · ERDCC Risk Assessment, 30 Days: 2-27-23, 4-6-23, 4-20-23, 5-11-23, 5-15-23a, 5-15-23b <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · ERDCC PREA Site Coordinator · ERDCC Facility Warden · Intermediate or Higher-Level Facility Staff · Intake Staff · Medical Staff · Mental Health Staff · Staff Who Perform Screening for Risk of Victimization and Abusiveness · Random Staff

- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files
- Observed inmate housing and work assignments

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3, IS18-1.1) requires that the agency use information from the PREA assessment form to help separate inmates with a high risk of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA assessment form is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake, Classification, and the PREA Compliance Manager, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. Facility documentation reflects this is an institutionalized process.

(B) Policy (D1-8.13, IS5-2.3, IS18-1.1) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the PREA Coordinator, the ERDCC PREA Site Coordinator, and the ERDCC Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. In speaking with inmates currently assigned to the ERDCC, most stated that their own opinions regarding their personal safety are considered by ERDCC staff when providing housing or job assignments. Inmates further stated that if their concerns for their own safety changed, many believed that most ERDCC staff would take their concerns seriously.

(C) In deciding whether to assign a transgender or intersex inmate to a facility for

male or female inmates, agency policy (D1-8.13, IS5-2.3, IS18-1.1) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex inmate to a specific housing or program assignment, agency policy (D1-8.13) dictates that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator, the ERDCC PREA Site Coordinator, and the ERDCC Warden, staff affirmed that an inmate's genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.

(D) Agency policy (D1-8.13, IS5-2.3, IS18-1.1) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at least every six months to examine any possible safety concerns expressed by the inmate. When interviewed, ERDCC Unit Management staff did affirm the facility's compliance with this policy. As well, along with routine informal safety checks by the ERDCC PREA Site Coordinator and housing staff, all transgender inmates confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed every six months.

(E) Agency policy (D1-8.13, IS5-2.3, IS18-1.1) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. When interviewed, ERDCC staff and the ERDCC PREA Site Coordinator affirmed that the facility strictly adheres to this policy. Additionally, during both random and targeted interviews with inmates, most stated that they believed ERDCC staff would consider their own views with respect to their own safety.

(F) Policy (D1-8.13, IS5-2.3, IS18-1.1) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. In speaking with ERDCC random staff, the existence of alternative safety and modesty measures for transgender and intersex inmates was affirmed. Specifically, ERDCC correctional staff stated that upon notification from a transgender or intersex offender, staff provide said offenders with separate shower times from the general population. In interviewing transgender inmates, all such inmates were aware of their right to shower separately from the general inmate population. There were any (0) transgender offenders who expressed a fear or concern regarding their right to shower.

	<p>(G) There aren't any correctional facilities within the MDOC subject to consent decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex inmates. As such, policy (D1-8.13) expressly states that LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification. In speaking with the PREA Coordinator, the ERDCC PREA Site Coordinator, and the ERDCC Warden, said staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of transgender, gay, and bisexual inmates, none (0) stated that they had ever been housed in a facility, or in a specific housing unit within the ERDCC, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all such staff affirmed that the ERDCC does not house transgender, intersex, gay, or bisexual inmates in any specific areas based solely on their gender identity or sexual orientation.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The MDOC has numerous policies in place to ensure the most effective and secure use of the PREA assessment form. Inmates deemed to be at high risk are routinely monitored by the PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the ERDCC PREA Site Coordinator reflect that facility staff have discretion in managing the safety of individual inmates. The ERDCC PREA Site Coordinator, as well as all other ERDCC staff, affirm their adherence to agency policies and also confirm that the inmate's own views regarding her safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted to utilize the showers separately from the general population in order to prevent other offenders from being able to view or otherwise endanger transgender inmates during shower times. Additionally, transgender inmates are reviewed every six months specific to their placement and programming assignments. As such, agency policy meets, and ERDCC adheres to, the requirements of this standard.</p>
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115.43 Protective Custody	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC Memo for Involuntary Segregated Housing for Protective Custody

Interviews:

- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmate Interviews
- Targeted Inmate Interviews

Site Review Observations:

- Observed Involuntary Segregated Housing Unit

Standard Subsections:

(A) Policy (D1-8.13) mandates that “following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.” In speaking with the ERDCC PREA Site Coordinator and the ERDCC Warden, staff confirm that there have not been any inmates placed in the involuntary segregated housing during the audit time frame. As well, inmate interviews did not suggest that ERDCC utilizes any form of involuntary segregated housing as a primary means of separation for investigatory purposes. As such, there was not any relevant documentation to review.

(B) In speaking with the ERDCC PREA Site Coordinator and ERDCC Warden, it was noted that the ERDCC has not placed any inmate into involuntary segregated housing for fear of sexual abuse. However, it was further noted that should such an incident ever arise, all efforts would be made to restrict the inmate's access to programs, privileges, education, and work opportunities only to the least extent possible. Specifically, efforts would be made to ensure such inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as inmates assigned to the general population. If the facility were to restrict access to programs, privileges, education, or work opportunities, the facility would properly document this restriction. As a function of this documentation, staff would further document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation.

(C) Policy (D1-8.13) mandates that the placement of inmates in involuntary segregation for high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but will not ordinarily exceed 30 days. In speaking with the ERDCC PREA Site Coordinator and the ERDCC Warden, staff confirmed that there have not been any inmates placed in the involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

(D) Policy (D1-8.13) requires that upon placement of an inmate into involuntary segregation, the facility must clearly document the basis of the facility's concern for the inmate's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. In speaking with the ERDCC PREA Site Coordinator and the ERDCC Warden, staff confirmed that there have not been any inmates placed involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

(E) Policy (D1-8.13) requires that an inmate placed in involuntary segregation due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the ERDCC PREA Site Coordinator and the ERDCC Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

	<p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that the use of involuntary segregated housing is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the ERDCC PREA Site Coordinator and the ERDCC Warden, staff confirmed that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review. Correctional staff routinely assigned to work within Segregated Housing were interviewed. While these staff confirmed that inmates assigned to involuntary segregation for high risk of sexual victimization would be afforded similar activities as inmates within general population, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. As such, the ERDCC has satisfied all component parts of this standard and found to have met its provisions.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D5-3.2, Offender Grievance, 9-25-22 · MDOC Verbal Language Interpretation Services – Statewide, 8-28-22 · MDOC Sign Language Interpretation Services – Statewide, 8-28-22 · MDOC Offender Rule Book, 2019 · MDOC Employee Handbook, 2020 · MDOC Employee Handbook, 08/22 · MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11 · MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders · MDOC Speaking Up – Transcript of (PREA) Video for Female Offenders

- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese
- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish

- Sexual Abuse Awareness Reporting Poster, Clock, English
- Sexual Abuse Awareness Reporting Poster, Female Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, English
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, English
- Sexual Abuse Awareness Reporting Poster, Stop Sign, Spanish
- Sexual Abuse Awareness Reporting Poster, Stop Sign, English
- MOU between MDOC and Missouri Department of Public Safety, 8-1-13
- MDOC Clear Line for Staff Reporting
- ERDCC Coordinated Response Protocol, 10-26-22

Interviews:

- Agency Head
- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Random Inmates

Site Review Observations:

- Reviewed facility-based documentation related to inmate reports of sexual abuse and sexual harassment, to include documented offender grievances.
- Reviewed documentation related to third-party reports of alleged sexual abuse and sexual harassment
- Tested the PREA Hotline phone number referenced by offenders.

- Observed red Duress Button in each inmate cell housing.
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- Observed a PREA Risk Screening assessments
- Observed multiple informational posters throughout the facility advising inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed PREA informational video discussing various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library
- Observed numerous PREA educational and reporting references available for inmate use on inmate tablets

Standard Subsections:

(A) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk screening and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within thirty days of their receipt into the facility. This orientation includes detailed training on the MDOC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with an MDOC Offender Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. Reports can be made in-person, verbally over the phone, in writing (electronically and in print), third party, as well as anonymously. It should also be noted that within each cell, there is a red Duress Button. If pressed, this button connects the person directly with security staff in the picket that oversees that specific housing unit. This allows any offender who feels threatened, or is experiencing any other emergency concern, to have immediate access to security staff. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said

abuse. During random and targeted interviews, all inmates were able to articulate at least one manner by which a report could be made.

(b) As noted in policy (D1-8.13), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided the contact information to the Statewide PREA Reporting Line. This contact information is also readily available for the families of inmates during onsite visitation, as well as publicly posted on the agency's website. Inmates are provided phone numbers to the PREA Hotline, which is an outside agency hot line (Department of Public Safety) and an Internal TIPS hotline. These calls are confidential and without cost to the inmate. Inmates are provided information on reporting incidents directly to facility staff, such as the facility institutional investigator, warden, or grievance coordinator. Lastly, it should be noted that the MDOC does not detain inmates solely for civil immigration purposes.

(B) Per policy (D1-8.13), random staff affirmed that they would accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner that they became of that information. In doing so, many staff stated that they would document all such reports as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. Most inmates interviewed stated that they believed ERDCC staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

(C) Per policy (D1-8.13), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, staff may still privately report sexual misconduct by speaking with supervisory staff or by calling an anonymous tip line for staff. When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment through either though this method or with alternative methods of reporting.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents can report all instances of sexual abuse and sexual harassment against inmates. The agency does

	<p>have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All inmates understood their right to make verbal and written complaints. Most inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the ERDCC has exceeded the requirements of this this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D5-3.2, Offender Grievance, 9-25-22 · ERDCC Offender Grievance, 6-8-23 <p>Interviews:</p> <ul style="list-style-type: none"> · ERDCC Facility Warden · ERDCC PREA Site Coordinator · ERDCC Grievance Staff · Investigative Staff · Random Inmates

Site Review Observations:

- Reviewed the offender grievance process.

Standard Subsections:

(A) The MDOC has administrative procedures to address inmate grievances regarding sexual abuse.

(B) Policy (D1-8.13, D5-3.2) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. There is no time limit for inmates to file such grievances. Per the ERDCC PREA Site Coordinator, when filing complaints of sexual abuse or sexual harassment, offenders are not required to use the informal grievance process or attempt to resolve the allegations with staff prior to filing a formal complaint.

(C) In accordance to agency policy, grievances involving allegations of sexual abuse or sexual harassment shall not be referred to the staff member who is the subject of said complaint. (D1-8.13, D5-3.2). Offender are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. As well, any such investigation will not be referred to the staff member who is the subject of the complaint.

(D) Policy (D5-3.2) requires that a final decision on all allegations of sexual abuse shall be issued by the institutional investigator within sixty (60) calendar days of the initial filing. If sixty (60) calendar days is not sufficient to make an appropriate decision, the institutional investigator may extend the decision up to seventy (70) calendar days (SOPD5-3.2). The inmate shall be notified in writing of such extension. In the past twelve months, the facility has received one (1) grievance alleging sexual abuse. A review of this documentation reflects the grievance was processed within the required timelines.

(E) Policy (D5-3.2) allows a third party to file a complaint on behalf of an inmate. The facility may require, as a condition of processing the complaint that the alleged victim agree to have the complaint filed on his or her behalf. Per the PREA Site Coordinator,

if an inmate did not wish to pursue a grievance filed on her behalf, that refusal would be documented. During the audit time frame, the ERDCC did not receive any (0) third-party grievances filed on behalf of inmates.

(F) Policy (D5-3.2) allows inmates to file emergency grievances if they believe they are subject to a substantial risk of imminent sexual abuse. Upon receipt, staff "shall prepare an initial response which shall be attached to the grievance and provided to the offender within 48 hours of receipt of the initial filing date" (D5-3.2). During the audit time frame, ERDCC received one (1) grievance regarding allegations of sexual abuse and sexual harassment. This grievance was reviewed for adherence to agency policy, as well as the merits of determinative findings. This grievance was found to be processed in accordance to agency policy, with the findings based on the preponderance of evidence.

(G) Policy (D5-3.2) notes that "No reprisals shall be taken against an offender for use of, or participation in, the offender grievance procedure." However, it should further be noted that "offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal." As such, per the ERDCC PREA Site Coordinator, offenders may only be disciplined if it is determined that the offender filed a PREA report in bad faith, i.e., knowingly filed a false report.

Reasoning & Findings Statement:

This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. For litigation purposes; namely, the Prison Litigation Reform Act, any documented complaint made by or confirmed by the inmate serves to exhaust administrative remedies. Policy permits inmates to submit grievances alleging sexual abuse and sexual harassment. There is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse. As well, inmates are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. Policy allows sixty (60) calendar days from the initial filing to provide a disposition. During the audit time frame, ERDCC did received one (1) grievance regarding allegations of sexual abuse and sexual harassment. This grievance was reviewed for adherence to agency policy, as well as merits of determinative findings. This grievance was found to be processed in accordance to agency policy, with the findings based on the preponderance of evidence.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Advocacy Notice, Institutions, English · MDOC Advocacy Notice, Institutions, Spanish · ERDCC Advocacy Notice, English · ERDCC Advocacy Notice, Spanish · ERDCC DSOP1-8.13 Offender Sexual Abuse and Harassment, 7-14-19 · ERDCC MOU Southeast Missouri Family Violence Council (SEMO), 10-18-13 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · ERDCC PREA Site Coordinator · ERDCC Facility Warden · Medical and Mental Health Staff · ERDCC Mailroom Staff · Just Detention International · SANE/SAFE Staff · Southeast Missouri Family Violence Council · Random Staff · Inmates Who Disclosed Sexual Victimization During Risk Screening · Offenders Who Reported Sexual Abuse · Random Inmates

Site Review Observations:

- Tested the PREA Hotline with offender assistance
- Observed multiple informational posters throughout the facility discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed PREA informational video discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references providing inmate contact access to outside confidential support services for victims of sexual abuse and sexual harassment available for inmate use on inmate tablets and within the facility Law Library.
- Observed visitation area designated for members of an approved victim advocate services
- Reviewed agency website for PREA related information and available services

Standard Subsections:

(A) Policy (D1-8.13) requires that ERDCC shall “attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings.” Offenders also are provided contact information for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. Via institutional awareness posters, inmates are provided the physical address to write for confidential emotional support services. Policy (D1-8.13) allows that phone communication between inmates and advocates within these rape crisis centers is as confidential as possible. Outgoing mail to rape crisis centers is not restricted or monitored to an extent greater than any other outgoing legal correspondence. When interviewed, the majority of inmates knew that the agency provided free rape crisis support services to inmates. Additionally, all inmates were aware of at least one means by which they could contact rape crisis support services, with most inmates knowing that they could access those services by way of the

information provided via the PREA posters located throughout the facility. The ERDCC does not house persons detained solely for civil immigration purposes or for immigrant service agencies.

(B) Per policy (D1-8.13) inmates are notified that staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. As well, offenders are provided notice to the extent that calls made to rape advocacy centers are monitored.

(C) The ERDCC has negotiated a contract between itself and Southeast Missouri Family Violence Council, a rape crisis center, to help provide crisis support services as requested by inmates assigned to the ERDCC. The ERDCC does maintain, and did supply a contract with the rape crisis center. As well, the agency also provides inmates with contact information for Just Detention International and the Rape, Abuse and Incest National Network, with both providing offenders with a national database of advocacy resources. During the on-site review, the auditor did test the rape crisis center hotlines to ensure their functionality. The auditor also tested the online reporting option via the MDOC agency phone number and through its website. All avenues appropriately responded to the test submissions and proved to be valuable reporting options.

Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the ERDCC have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the ERDCC are provided with contact information for national and/or state-based rape crisis support centers. Inmates are advised that communications between inmates and advocates within rape crisis centers is as confidential as possible. The ERDCC has secured a memorandum of understanding with rape crisis support services; namely Southeast Missouri Family Violence Council, a local rape crisis service provider. As well, facility staff have also been formally trained on providing qualified advocacy services. When interviewed, all employees and inmates knew that the agency provided free emotional support services to inmates upon request. As well, many inmates knew that they could initiate access to those services by contacting national rape crisis resource centers using the information posted on the PREA awareness posters predominately displayed throughout the facility, as well as the information postings provided via the MDOC Offender Handbook. As such, the ERDCC has exceeded the minimum standards of this provision.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Offender Notice of Third-Party Reporting, English · MDOC Offender Notice of Third-Party Reporting, Spanish · MDOC Website Address for Reporting <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · ERDCC PREA Site Coordinator · ERDCC Facility Warden · Investigative Staff · External Reporting Entities · Random Inmates · Offenders Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Reviewed MDOC website specific to PREA and third-party reporting methods · Tested MDOC online third-party reporting system · Tested ERDCC facility-based PREA Hotline · Observed an inmate demonstration of PREA information/reporting access on inmate tablet · Observed the Inmate Visitation Area informational posters

- Observed informational postings and other publications throughout the inmate housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

(A) Policy (D1-8.13) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged inmates to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by inmate family and friends via the facility's Inmate Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency's website. To verify the online third-party system was operational, the auditor submitted a test email to the agency's online reporting address. To verify the facility-based PREA Hotline was operational, a test call was submitting using one of the phones available to inmates in their housing areas. All methods of contact were found functional and received an agency-based response within a reasonable time frame. During facility interviews, all staff confirmed that the ERDCC would accept third-party reports of sexual abuse. As well, most inmates believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure that at least one publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon inmates. In accordance to policy, the ERDCC promotes the use of third-party reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the MDOC website, all electronic links to PREA information, resources, and support services were tested and found to be operating as required. To ensure the functionality of the MDOC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods. While inmates themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence and direct contact via a telephone reporting system; namely, the ERDCC provides a facility-based PREA hotline to allow inmates direct access to third-party reporting. To ensure the functionality of these

	<p>reporting systems, test calls were successfully placed. Additionally, the auditor observed an inmate demonstration of PREA information/reporting access on inmate tablet system. Inmates may also make a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. Most inmates were also aware of their right to file a third-party complaint on behalf of another inmate. As the concept of third-party reporting is institutionalized across staff and inmate cultures, the ERDCC clearly meets the provisions of this standard.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS11-32, Receiving Screening – Intake Center, 12-10-16 · Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410, 8-28-13 · Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005, 8-28-13 · ERDCC Coordinated Response Protocol, 10-26-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · ERDCC PREA Site Coordinator · ERDCC Facility Warden · Investigative Staff · Medical/Mental Health Staff · Random Staff

- Random Inmates

Site Review Observations:

- Employee training records

Standard Subsections:

(A) Policy (D1-8.13), as well as state law, mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. Failure of staff to report this knowledge is a Class A Misdemeanor. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against inmates or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all ERDCC staff had received PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all random staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) During random staff interviews, staff consistently reported their training included protecting the privacy of sexual abuse and sexual harassment victims. In this, it was noted that staff should not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decision. Hence, during interviews, random staff noted that they would share reported information only with authorized staff. As such, random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the ERDCC PREA Site Coordinator, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (D1-8.13) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. Specifically, policy (D1-8.13) notes if Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." During medical/mental health services staff

	<p>interviews, the need for medical staff to inform inmates (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.</p> <p>(D) All inmates incarcerated within the ERDCC are legally classified as adults. However, agency staff do still note that for offenders under the age of 18, who claim to be victims of sexual abuse, the agency would report the allegations to the designated state agency.</p> <p>(E) Policy (D1-8.13) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the facility-based Onsite Investigator for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations. Facility-based investigatory staff further confirmed their responsibility in investigating and responding to such allegations in coordination with the agency's PREA Unit Investigators.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing ERDCC medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the ERDCC meets the provisions established within this standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC Instructions for Segregated Housing for Protective Custody
- ERDCC Coordinated Response Protocol, 10-26-22

Interviews:

- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical and Mental Health Staff
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Review of inmate protection procedures
- Review of retaliation monitoring procedures

	<p>Standard Subsections:</p> <p>(A) Per policy (D1-8.13), when the ERDCC learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the inmate, as well as staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. In speaking with the Agency PREA Coordinator, ERDCC PREA Site Coordinator, ERDCC Facility Warden, and random staff, a plethora of possible options were discussed specific to inmate protection measures. As the ERDCC did not find any (0) evidence within the audit time frame that any inmates assigned to the facility were at a substantial risk of sexual abuse, the facility has no documentation for review. Likewise, no protective actions were required.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to actualize the processes of inmate protection. Agency policy requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. During the audit time frame, the ERDCC did not receive any reports from inmates who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff provided a more technical and inclusive response than random staff, they too, were centrally focused on protecting the inmate. Hence, the ERDCC has clearly realized the provisions of this standard.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 • ERDCC Memo, Outgoing PREA Notification, 9-23-22

- ERDCC PREA Allegation Notification Checklist, Institution, 9-23-22
- ERDCC Memo, PREA Allegation, 9-23-23
- ERDCC Offender Statement, 9-23-22

Interviews:

- Agency Head
- MDOC PREA Compliance Coordinator
- ERDCC Facility Warden
- ERDCC PREA Site Coordinator

Site Review Observations:

- Review of facility-to-facility referral process
- Review of facility-to-facility notification
- Review of nineteen (19) sexual abuse/sexual harassment investigation case files

Standard Subsections:

(A) MDOC policy (D1-8.13) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide notice of these allegations to the head of the facility where the abuse allegedly occurred within 72 hours. A review of Documents for the audit time frame reflects that there was one (1) such referrals made by the ERDCC and two (2) such referrals made to the ERDCC.

(B) Per MDOC policy (D1-8.13), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The ERDCC Warden confirmed that all notices, if received from inmates, would be sent by the Warden's Office to the destination facility as soon as possible, usually within 24 hours, but certainly within 72 hours.

	<p>(C) The ERDCC documents this notification through the use of a PREA Allegation Notification Checklist – Institution Form. To expedite communication, the incident investigation report is then transferred between facilities via email.</p> <p>(D) Upon receipt of said allegations, per the ERDCC PREA Site Coordinator, the facility where the incident is reported initiates the coordinated response by completing the notification checklist and offering advocacy. The coordinated response is then forwarded to the PREA Site Coordinator and PREA Site Coordinator at the affected facility. The affected facility will then initiate the request for investigation and ensure that the information has been forwarded to the PREA Unit. The ERDCC Warden confirmed that all notices, when received from other institutions, are subsequently processed in accordance to agency policy.</p> <p>Reasoning & Findings Statement:</p> <p>This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the audit time frame, the ERDCC has received two (2) incoming allegations of sexual abuse/harassment from inmates who reported such at another MDOC location. Within the audit time frame, the ERDCC has received one (1) outgoing allegations of sexual harassment from an inmate who reported said allegations once he was reassigned to the ERDCC. Documentation related to this report was reviewed to ensure appropriate notification was provided to respective offices. In doing so, it was noted that agency policy, staff comments, and collaborative referral processes all reflect that the ERDCC has satisfied the provisions of this standard.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Basic Training Lesson Plan, 11/13

- ERDCC Coordinated Response Protocol, 10-26-22
- ERDCC PREA Annual Report, 2022
- ERDCC Memo, Outgoing PREA Notification, 9-23-22
- ERDCC PREA Allegation Notification Checklist, Institution, 9-23-22
- ERDCC Memo, PREA Allegation, 9-23-23
- ERDCC Offender Statement, 9-23-22

Interviews:

- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Review of employee training records
- Review of investigative case files
- Review of ERDCC PREA Coordinated Response Plan

Standard Subsections:

(A) MDOC policy (D1-8.13) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually

	<p>abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Once the first responder learns that an inmate has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In interviewing staff who served as ERDCC security first-responders, their actions taken were consistent with policy. Within the audit time frame, ERDCC has received thirty (30) allegations from inmates who claim to have been victims of sexual abuse. Of these, four (4) were presented within a time frame that would have still allowed for the collection of physical evidence.</p> <p>(B) MDOC Policy (D1-8.13) requires that first responders are to request that the alleged victim not take actions that could destroy physical evidence. If the first responder is a non-security staff member, that person should immediately notify a custody officer of the allegation. Of the thirty (30) reported sexual abuse allegations, four (4) were initially reported to non-security staff members. In interviewing non-security staff who had served in such a capacity prior, it was noted that said staff did follow agency protocol regarding the preservation of evidence if possible.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all random staff interviewed absolutely articulated that point. Most staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of the employee training matrix and class curriculums regarding evidence collection reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification to a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard

Auditor Discussion
<p>Documents:</p> <ul style="list-style-type: none">· D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19· ERDCC Coordinated Response Protocol, 10-26-22· ERDCC PREA Annual Report, 2022· ERDCC Memo, Outgoing PREA Notification, 9-23-22· ERDCC PREA Allegation Notification Checklist, Institution, 9-23-22· ERDCC Memo, PREA Allegation, 9-23-23· ERDCC Offender Statement, 9-23-22 <p>Interviews:</p> <ul style="list-style-type: none">· Agency PREA Coordinator· ERDCC PREA Site Coordinator· ERDCC Facility Warden· Designated Staff Member Charged with Monitoring Retaliation· Incident Review Team Member· Intermediate or Higher-Level Facility Staff· Investigative Staff· Medical and Mental Health Staff· SANE/SAFE Contracted Staff· Random Staff· Offenders Who Reported Sexual Abuse <p>Site Review Observations:</p>

	<ul style="list-style-type: none"> Review of agency policies Review of departmental level facility procedures <p>Standard Subsections:</p> <ul style="list-style-type: none"> The ERDCC has developed a written institutional plan; namely, the ERDCC Coordinated Response Protocol, 10-26-22, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment. <p>Reasoning & Findings Statement:</p> <p>This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the ERDCC implemented a unit-based policy (ERDCC Coordinated Response Protocol, 10-26-22) that details the coordinated response plan to an incident of inmate sexual abuse and sexual harassment. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As such, the ERDCC has met the provisions within this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 D2-11.6, Labor Organizations, 9-20-13 MDOC MOU MOCOA, 9-30-18

Interviews:

- Agency Head
- Agency Contract Administrator
- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Administrative (Human Resources Staff)

Site Review Observations:

- Reviewed agency labor contracts

Standard Subsections:

(A) Per policy (D1-8.13, D2-11.6), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the Missouri Department of Corrections and the Missouri Corrections Officers Association ensure that the MDOC retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(B) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

	<p>This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy allows for employees to be transferred or otherwise removed from specific duties pending the outcome of a sexual abuse or sexual harassment investigations. In speaking with investigative staff and the ERDCC Warden, the process of suspending or separating employees from their duties as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the MDOC; more specifically, the ERDCC unit administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the ERDCC has satisfactorily met all provisions within this standard.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · ERDCC Coordinated Response Protocol, 10-26-22 · ERDCC Retaliation Assessments, 6-15-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · ERDCC PREA Site Coordinator · ERDCC Facility Warden · Institutional Investigator · Designated Staff Member Charged with Monitoring Retaliation · Random Staff · Random Inmates <p>Site Review Observations:</p>

- Reviewed all retaliation monitoring logs associated with investigative case files.

Standard Subsections:

(A) Policy (D1-8.13) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. During random staff interviews, it was noted that staff would take immediate action to protect inmates who are in substantial risk of imminent sexual abuse. Staff noted that they also would take any necessary action to protect inmates who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

(B) In speaking with the ERDCC PREA Site Coordinator, it was noted that the institution would employ multiple protection measures, such as housing changes, or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates and staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. In speaking with the facility's coordinator for retaliation monitoring, it was noted that continual observation, as well as routine conversations with affected inmates, helps to detect if any changes have occurred within an inmate's correctional condition once a report of sexual abuse/sexual harassment has been made. If retaliation is suspected, it was noted that immediate action would be taken to remedy the perceived injustice. However, during the audit time frame, there have been no instances of retaliation reported.

(C) Per policy (D1-8.13), for a minimum of 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of offenders and/or staff who report sexual abuse. Conduct measures, such as a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor will be reviewed along with the periodic status checks. This periodic status checks should be conducted at 30-day intervals. However, during a previous internal review, it was noted that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected a systematic delay in offender status checks. As such, no further action regarding such is needed at this time.

(D) Per the facility PREA Site Coordinator, in the case of offenders, the facility has

	<p>designated trained staff to monitor alleged victims, and such monitoring does include periodic in-person status checks. However, during a previous internal review, it was noted that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected a systematic delay in offender status checks. As such, no further action regarding such is needed at this time.</p> <p>(E) Per the facility PREA Site Coordinator, if any other individual (staff, volunteer, contractor, inmate, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.</p> <p>(F) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. MDOC policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. Both the agency PREA Coordinator and the ERDCC Site Coordinator provided detailed explanations of the current monitoring process. The auditor did observe some time lapses between several periodic status checks. In observing this, it was noted that during a previous internal review, the facility had already discovered that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected any such delay in offender status checks. As such, no further action is needed at this time. Given the totality of the policies provided, staff knowledge regarding the process, review of the current ERDCC monitoring process, along with subsequent action taken to ensure the timely maintain of retaliation monitoring, the ERDCC has met the basic provisions of this standard.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC Instructions for Segregated Housing for Protective Custody
- ERDCC Coordinated Response Protocol, 10-26-22
- ERDCC Memo, Risk Assessment, 6-15-23

Interviews:

- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmates

Site Review Observations:

- Observed segregated housing

Standard Subsections:

(A) Policy (D1-8.13) prohibits placing inmates who allege sexual abuse or to be at a high risk of sexual abuse, in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. Offenders assigned to involuntary segregated housing shall only be assigned to this housing until an alternative means of separation from likely abusers can be arranged. Within the audit time frame, the ERDCC has not placed any (0) offenders who have suffered sexual abuse or who are at a high risk of sexual abuse in involuntary segregation pending completion of their assessment.

	<p>Reasoning & Findings Statement:</p> <p>Agency policy strictly prohibits the use of involuntary segregated housing as a de facto response to inmate safety concerns. Rather, as explained by the ERDCC PREA Site Coordinator, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, ERDCC administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the ERDCC Warden and the ERDCC PREA Site Coordinator did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be their absolute last option. As such, the ERDCC has satisfied the requirements of this provision.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.1, Office of Professional Standards, 7-1-17 · D1-8.4, Institutional Investigations, 10-24-21 · MDOC Memo for Referrals for Criminal Investigations, 8-8-23 · MDCO Memo, PREA Unit Investigations.docx · MDCO IG PREA Investigator Training, 9-28-12 · MDCO PREA Specialized Investigator Training, 9-2-14 · MDOC Agency Records Disposition Schedule · <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator

- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Investigative Staff

Site Review Observations:

- Reviewed investigative case files
- Reviewed investigator training certifications
- Reviewed agency training records documenting investigator training curriculums

Standard Subsections:

(A) Policy (D1-8.13, D1-8.1, D1-8.4) requires that when the agency conducts criminal or administrative investigations of sexual abuse and/or sexual harassment of an inmate, the investigation should be conducted promptly and thoroughly, and should be continued until a determination of substantiated, unsubstantiated, or unfounded can be made.

(B) Policy (D1-8.13, D1-8.1, D1-8.4) requires that all staff responsible for conducting sexual abuse investigations received specialized training related to PREA. In speaking with agency investigators, it was noted that all investigators have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the ERDCC PREA Site Coordinator and the PREA Unit Investigator, said staff confirmed participation in related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(C) As noted by facility investigators, the agency requires staff to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal and administrative investigations. It was further noted that all allegations require the victim, suspected perpetrators, and any witnesses to be interviewed. Additionally, any previous reports or documentation that may contribute to the overall investigation are reviewed. In short, per agency policy, investigators are

required to gather and preserve all direct and circumstantial evidence related to the allegations.

(D) In speaking with a PREA Unit Investigator, it was noted that compelled interviews would only be conducted after speaking with state police and authorized by the local prosecutor.

(E) In speaking with investigative staff, it was noted that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not on the basis of that individual's status as an inmate or staff member. Investigators further noted that the use of a polygraph test or other truth-telling device cannot be used as a condition of investigating allegations of sexual abuse or sexual harassment. The facility investigator confirmed that the credibility of the alleged victim, suspect, or witness was assessed on a case-by-case basis, regardless of that person's status as an inmate, staff member, contractor, volunteer, or other facility connection. Within the audit time frame, there were no (0) instances of ERDCC investigators employing the use of any polygraph or other truth telling devices as a prerequisite function of PREA investigations.

(F) Policy (D1-8.13) requires that "administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse." A review of investigatory files maintained by the ERDCC PREA Site Coordinator and/or Institutional Investigators provided detailed written reports of both the allegations and subsequent investigations.

(G) Investigatory staff noted that that all administrative and criminal investigations are documented in written reports. As a function on that documentation, such reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of investigatory files maintained by the PREA Site Coordinator and Institutional Investigator did provide detailed written reports of both the allegations and subsequent investigations.

(H) As noted by the PREA Unit Investigator, and required by policy, substantiated allegations of sexual abuse shall be referred for prosecution. Specifically, if facility staff suspect that a prosecutable crime has occurred specific to a substantiated PREA investigation, the investigative file will be sent to the MDOC Office of Professional Standards for further review. Upon concurring review, the investigative file will then be sent to the prosecuting attorney of the county in which the crime occurred for consideration of prosecution. During the audit time frame, the ERDCC has not substantiated any (0) allegations of sexual abuse that were later accepted by the

district attorney for subsequent prosecution.

(I) Policy (D1-8.13) requires that "Administrative and criminal investigation reports shall be retained for 50 years from the completion of the investigation and in accordance with the department procedure regarding records retention." In speaking with the PREA Unit Investigator, this retention process was thoroughly detailed.

(J) As noted by agency investigators, the departure of the alleged abuser or victim from employment or control of the facility or department does justify terminating an investigation. Rather, all investigations must be completed through their natural termination processes.

(K) The auditor is not required to audit this provision.

(L) As noted by agency investigators, if outside agencies were to conduct investigations into instances of sexual abuse and sexual harassment, facility staff would cooperate with these outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the ERDCC PREA Site Coordinator and the ERDCC Institutional Investigator, it was also noted that the facility investigator and any outside agencies would strive to maintain a professional relationship that would allow for the general use of routine communication to remain informed about the progress of any investigation. This would subsequently ensure that ERDCC staff remained informed on the progress of all sexual abuse investigations.

Reasoning & Findings Statement:

When the MDOC conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. Agency investigators have received the general PREA training provided to all MDOC staff. As well, investigators have also taken more specific training relevant to conducting sexual abuse investigations in a confinement setting. As a function of the investigation process, investigators must make all efforts to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, and statements from alleged victims, suspected perpetrators, and witnesses. Substantiated allegations of sexual abuse shall be referred for prosecution. Investigators do not conduct compelled interviews without first consulting criminal prosecution. In judging the merits of all allegations, the credibility of an alleged victim, suspect, and witness are assessed on an individual

	<p>basis as supported by the evidence of the investigation and not determined by the person’s status as an offender or staff. Offenders are not required to submit to a polygraph as a condition for proceeding with the investigation of an alleged incident. Lastly, along with documenting the investigation in a written report, administrative investigations must also include an effort to determine whether staff actions or failures to act contributed to the abuse. As ERDCC is complying with all parts of these provisions, it is found to have met this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.1, Office of Professional Standards, 7-1-17 · D1-8.4, Institutional Investigations, 10-24-21 <p>Interviews:</p> <ul style="list-style-type: none"> · ERDCC Facility Warden · ERDCC PREA Site Coordinator · Investigative Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Review of investigatory case files <p>Standard Subsections:</p> <p>(A) Policy (D1-8.13) requires that the evidence needed to determine whether an</p>

	<p>allegation of sexual abuse and/or sexual harassment is substantiated shall be no higher than a preponderance of the evidence. Specifically, it is noted that “administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.” In speaking with facility investigators, this requirement was confirmed as the governing standard in determining the outcome of sexual abuse/sexual harassment investigations within the prison setting. Hence, for substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true.</p> <p>Reasoning & Findings Statement:</p> <p>Agency policy requires that MDOC investigators establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse and sexual harassment are substantiated. When interviewed, ERDCC Onsite and PREA Unit Investigators confirmed that standard of proof to be slightly more than half. An onsite review of case files reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was noted as merely a preponderance of evidence. With this, the ERDCC has satisfied all material provisions of this standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.1, Office of Professional Standards, 7-1-17 · D1-8.4, Institutional Investigations, 10-24-21 · ERDCC PREA Unit Investigation, 10-31-22 · ERDCC PREA Unit Investigation, 12-31-22 · ERDCC PREA Unit Investigation, 12-20-22 · ERDCC PREA Alleged Sexual Abuse by Staff Member Notification, 1-3-23

- ERDCC PREA Alleged Sexual Abuse by Staff Member Notification, 5-25-23
- ERDCC PREA Alleged Sexual Abuse by Staff Member Notification, 1-31-23
- ERDCC PREA Alleged Sexual Abuse by Offender Notification, 12-27-22
- ERDCC PREA Alleged Sexual Abuse by Offender Notification, 10-7-22
- ERDCC PREA Alleged Sexual Abuse by Offender Notification, 1-5-23

Interviews:

- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Investigative Staff

Site Review Observations:

- Review of investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that all persons who alleged sexual abuse or harassment are provided a written response as to the disposition of the subsequent investigation. In speaking with the PREA Unit Investigator, it was noted that of all closed investigations during the audit time frame, all inmates have subsequently been notified, in writing, of the investigation results.

(B) Within the audit time frame, there have not been any investigations of alleged sexual abuse occurring at the ERDCC completed by an outside agency. However, per investigative staff, agency policy does require that where allegations are referred for

criminal investigation to an outside agency, facility staff will follow the case until it is determined to be substantiated, unsubstantiated, or unfounded.

(C) Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate whenever the staff member is no longer:

- o Assigned to the facility; or
- o Employed with the Department

(D) Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against another inmate, the agency must notify the inmate whenever the alleged abuser has been:

- o Indicted on a charge related to sexual abuse or
- o Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse.

(E) Policy (D1-8.13) requires that the agency document all notifications or attempted notifications regarding disposition to inmate allegations of sexual abuse and/or sexual harassment. Interviews with the ERDCC PREA Site Coordinator and the ERDCC PREA Unit Investigator confirm adherence to said policy. As well, a review of documented notifications support said adherence.

(F) Auditor is not required to audit this provision.

Reasoning & Findings Statement:

ERDCC Investigators, along with agency PREA Unit Investigators, conduct all sexual abuse and sexual harassment investigations. If the investigation is taken over by a local law enforcement agency, facility staff do remain actively engaged in those investigations. However, during the audit time frame, no outside law enforcement agencies have completed sexual abuse investigations within the ERDCC. Agency policy requires ERDCC staff to provide inmates with written dispositions for all claims of sexual abuse. Agency policy provides that all inmates who filed previously substantiated sexual abuse and sexual harassment claims against agency staff or offenders, receive notification upon said employees being assigned to another facility or of offenders having been discharged from the agency. Lastly, policy requires these

	<p>notifications to be documented. Within the audit time frame, ERDCC staff have provided notifications as required on all such investigations. All notifications to ERDCC inmates were provided in written format, of which, offenders are required to sign to acknowledge receipt. Documentation reflecting proper notifications of investigative dispositions was reviewed and found to be within policy. As such, the ERDCC is operating in accordance with all parts of this provision.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D2-11.10, Staff Member Conduct, 7-24-16 · ERDCC Staff Resignation, 3-17-23 · ERDCC Evidence Security, 12-9-22 <p>Interviews:</p> <ul style="list-style-type: none"> · ERDCC PREA Site Coordinator · ERDCC Facility Warden · Investigative Staff · Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Review of investigative case files <p>Standard Subsections:</p>

(A) MDOC Policy (D1-8.13, D2-11.10) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating MDOC sexual misconduct policies. Interviews with the ERDCC PREA Site Coordinator, ERDCC Facility Warden, and the ERDCC Onsite Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(B) MDOC Policy (D1-8.13, D2-11.10) continue by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate. During the audit time frame, there have been two (2) ERDCC staff who has been terminated, or resigned prior to termination, for violating agency sexual abuse or sexual harassment policies.

(C) MDOC Policy (D1-8.13, D2-11.10) stipulate disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Again, interviews with the ERDCC PREA Site Coordinator, ERDCC Warden, and the ERDCC Onsite Investigator confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(D) Per the ERDCC PREA Site Coordinator, ERDCC Facility Warden, and the ERDCC Onsite Investigator, when the perpetrator is a medical or mental health professional, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation will be reported to local law enforcement, as well as the appropriate licensing body.

Reasoning & Findings Statement:

These provisions work to ensure that agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The State of Missouri has made the consequences of engaging in such behavior exceptionally clear. Within audit time frame, there have been two (2) staff members assigned to the ERDCC who has violated agency policy regarding sexual abuse or sexual harassment. Said staff resigned, prior to termination, for violating agency sexual abuse or sexual

	harassment policies. During staff interviews, all staff expressed their knowledge of the agency's zero tolerance policy. Hence, the ERDCC administration has satisfied the provisions of this standard.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D2-13.1, Volunteers and Reentry Partners, 7-10-21 · ERDCC Memo, Volunteers and Contractors Discipline, 6-15-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Contract Administrator · ERDCC PREA Site Coordinator · ERDCC Facility Warden · Investigative Staff · Administrative (Human Resources Staff) · Contractors Who May Have Contact with Inmates · Volunteers Who May Have Contact with Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Reviewed contractor/volunteer PREA training files <p>Standard Subsections:</p>

	<p>(A) Policy (D1-8.13) advises contractors and volunteers who violate the agency's Zero-Tolerance Policy will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the MDOC. Additionally, any contractor or volunteer who engages in sexual abuse will be reported to law enforcement and to any relevant licensing bodies. During the audit time frame, the ERDCC has not been required to report any (0) incidents of inappropriate conduct by contractors or volunteers to a relevant licensing board or local law enforcement. Rather, interviews with volunteers and contracted staff evidenced that the agency's zero-tolerance policy has been institutionalized.</p> <p>(B) Policy (D1-8.13) advises contractors and volunteers that when cases of sexual abuse are substantiated against contractors or volunteers, the Department will prohibit those persons from further contact with inmates, as well as refer all criminal allegations to local law enforcement for possible prosecution.</p> <p>Reasoning & Findings Statement:</p> <p>Policy expressly states that contractors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates upon substantiation of the investigations. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. During the audit time frame, the ERDCC has not found any (0) contractors or volunteers to have engaged in inappropriate relations with inmates. Interviews with volunteers and contractors reflect that the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, are clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and ERDCC is in compliance with such.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19

- IS19-1.6, Offender Accountability Program, 5-1-19
- MDOC Offender Rulebook, 2019
- MDOC Instructions for PREA Disciplinary Sanctions & Mental Health Referrals
- ERDCC Institution Violation Report, 1-12-23
- ERDCC Institution Violation Report, 11-18-22

Interviews:

- ERDCC Facility Warden
- ERDCC PREA Site Coordinator
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Inmates
- Targeted Inmates

Site Review Observations:

- Review of disciplinary processes and sanctions

Standard Subsections:

(A) Policy (D1-8.13, IS19-1.6) notes that following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse, said inmate is subject to disciplinary sanctions pursuant to formal disciplinary processes. "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13). During the audit time frame, the ERDCC has not

had any (0) administrative findings of guilt regarding inmate-on-inmate sexual abuse investigation. However, the ERDCC has had one (1) criminal findings of guilt for inmate-on-inmate sexual abuse.

(B) Policy (D1-8.13, IS19-1.6) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. As well, sanctions consider aggravating and mitigating factors.

(C) When determining an inmate's disciplinary sanctions, policy (D1-8.13, IS19-1.6) does consider how an inmate's mental disabilities or mental illness contributed to his behavior. "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13).

(D) Per policy (D1-8.13, IS19-1.6), all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined necessary by mental health services in consultation with inmate services. Specifically, "if found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13).

(E) Per the ERDCC PREA Unit Investigator, the ERDCC will discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct. "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13).

(F) Per policy (D1-8.13, IS19-1.6), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations. Rather, only when it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that the offender shall be subject to discipline (D1-8.13, IS19-1.6).

	<p>(G) Per MDOC policy (D1-8.13), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as sexual battery or attempted sexual battery.</p> <p>Reasoning & Findings Statement:</p> <p>The inmate disciplinary process is a formal means to address institutional misconduct. The ERDCC uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the audit time frame, the ERDCC has processed one (1) disciplinary finding of inmate-on-inmate sexual abuse that occurred at the facility. In considering agency policies, facility procedures, staff interviews, and inmate comments, ERDCC is compliant with disciplinary standards as required under this provision.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 • IS11-32, Receiving Screening – Intake Center, 12-10-16 • MDOC Informed Consent Form, 9/14 • MDOC Adult Internal Risk Assessment Manual, 4-24-15 • ERDCC Adult Internal Risk Assessment, Initial, 6-13-23 • ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 4-6-23 • ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 4-20-23 • ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 5-11-23 • ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 5-15-23a • ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 5-15-23b

- ERDCC Adult Internal Risk Assessment, 30 Day Assessment, 2-27-23

Interviews:

- ERDCC PREA Site Coordinator
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Reported Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed Intake/Medical Screening Areas
- Review of Medical/Mental Health PREA Screening Forms
- Review of Mental Health/Medical referrals within investigative case files

Standard Subsections:

(A) Policy (D1-8.13, IS11-32) requires that upon arrival, all ERDCC inmates will be screened for sexual abuse risk factors. If the assessment indicates that the offender has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening. During the audit time frame, 100% of inmates received at the ERDCC who disclosed prior victimization during screening were offered a follow-up meeting with a mental health practitioner. Interviews with inmates who had experienced prior sexual victimization confirm the institutionalization of this practice. As well, a review of mental health referrals supports the routine use of this policy.

(B) Per policy (D1-8.13, IS11-32), persons with a history of being sexually abusive must be referred for mental health services within 14 days. In speaking with Mental Health staff, it was noted that the nature of the referral is in accordance with the individualized needs of each inmate. During the audit time frame, 100% of inmates received at the ERDCC who had previously perpetrated sexual abuse, as indicated during the screening process, were offered a follow-up meeting with a mental health practitioner. A review of mental health referrals supports the institutionalization of this practice.

(C) The ERDCC is not a jail.

(D) Per policy (D1-8.13, IS11-32) practitioners must report any sexual abuse that occurred in a correctional facility. Any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local laws.

(E) Per policy (D1-8.13, IS11-32), and as noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years.

Reasoning & Findings Statement:

During the audit time frame, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a mental health practitioner. During the audit time frame, the ERDCC has also referred 100% of inmates who had previously perpetrated sexual abuse, as indicated during risk screening, for a follow-up meeting with a mental health practitioner. As observed during the Intake process, risk screening assessments occur as a required function of facility admittance. As noted by medical and mental health staff, the ERDCC is providing routine and regular medical screens and health services in accordance to qualified medical and mental health assessments, as well as to policy. Documentation specific to the PREA assessment form for medical and mental health staff reflects the use of the screening tool to determine appropriate housing and medical/mental health needs. As such, the facility is meeting all provisions as established within this standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC MOU Corizon Health for Medical Services · MDOC Corizon SANE Protocol, 3-1-16 · ERDCC Coordinated Response Protocol, 10-26-22 <p>Interviews:</p> <ul style="list-style-type: none"> · ERDCC PREA Site Coordinator · Medical Staff · Mental Health Staff · SANE/SAFE Staff · Security Staff and/or Non-Security Staff Who Have Acted as First Responders · Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Observed Medical/Mental Health Departments · Review of Medical/Mental Health PREA Assessment Form · Review of investigative case files <p>Standard Subsections:</p>

(A) Policy (D1-8.13) requires that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with agency policy. In speaking with medical and mental health staff, adherence to policy was confirmed. Inmates who had previously made allegations of sexual abuse or sexual harassment also confirmed that they had received medical/mental health treatment in a timely manner.

(B) During interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations. In speaking with medical and mental health staff, 24-hour availability of qualified medical practitioners was affirmed.

(C) Policy (D1-8.13) requires that victims of recent sexual assault are referred for forensic exams for relevant treatment and the gathering of evidence. As noted by SAFE/SANE hospital personnel, all persons receiving forensic exams are provided prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases as appropriate. In speaking with medical staff, adherence to this policy was confirmed.

(D) MDOC policy (D1-8.13) requires that "treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In speaking with medical staff, adherence to this policy was confirmed.

Reasoning & Findings Statement:

This standard is designed to provide inmates access to emergency medical and mental health services. In this, facility staff are meeting all the provisions within this standard. Policy allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the inmate's course of treatment; specifically, what is medically indicated based on physical trauma or forensic evidence collection needs. Lastly, documentation reflecting access to medical and mental health care was reviewed onsite. In examining the totality of the information provided, the ERDCC has certainly met the minimum provisions of this standard via emergency (24-hour) access to qualified medical staff.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Instructions for PREA Disciplinary Sanctions & Mental Health Referrals · MDOC MOU Corizon Health for Medical Services · MDOC Corizon SANE Protocol, 3-1-16 · ERDCC Coordinated Response Protocol, 10-26-22 <p>Interviews:</p> <ul style="list-style-type: none"> · ERDCC PREA Site Coordinator · Medical Staff · Mental Health Staff · SAFE/SANE Staff · Inmates Who Reported Prior Sexual Victimization · Offenders Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Observed Medical/Mental Health Departments · Review of Medical/Mental Health PREA Assessment Forms · Review of investigative case files <p>Standard Subsections:</p>

(A) Policy (D1-8.13) requires that all allegations of sexual victimization must be evaluated by medical and medical health staff. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were previously receiving mental health treatment services, they confirmed that upon facility transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

(B) Per policy (D1-8.13), the MDOC will provide continuing mental health services to inmates throughout their assignment to the MDOC.

(C) Policy (D1-8.13) requires that all victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews with medical and mental health practitioners confirmed the facility's adherence to said policy.

(D) Policy (D1-8.13) notes that "victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests." However, it should be noted that the ERDCC does not house female inmates or currently house any transgender men. As such, emergency contraception is not a medically necessary at this time.

(E) In speaking with medical staff, it was noted that should pregnancy results from sexual assault, victims would be offered timely and comprehensive information about the timely access to all lawful pregnancy-related medical services. However, it should be noted that the ERDCC does not house female inmates or currently house any transgender men. As such, information about the timely access to all lawful pregnancy-related medical services is not a medically necessary at this time.

(F) Policy (D1-8.13) requires that when medically appropriate prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims. In speaking with medical staff and contracted SAFE/SANE personnel, agency adherence to this policy was confirmed.

	<p>(G) Policy (D1-8.13) notes that treatment services for sexual abuse will be provided “regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.” In speaking with medical and mental health staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical or mental health treatment for allegations of sexual abuse also confirmed that they were not charged a co-payment fee for said services.</p> <p>(H) Policy (D1-8.13) requires that “victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.”</p> <p>Reasoning & Findings Statement:</p> <p>This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The ERDCC offers qualified and coordinated medical and mental health care regardless of an inmate’s ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments for both medical and mental health services. Once established, access to said treatment follows the offender throughout the MDOC system. The medical and mental health services provided are consistent with the community level of care. Additionally, as noted by medical and mental health staff, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the ERDCC Medical and Mental Health Departments have collectively exceeded the provisions of this standard.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · ERDCC Coordinated Response Protocol, 10-26-22

- ERDCC PREA Sexual Abuse Debriefing, 1-26-23a
- ERDCC PREA Sexual Abuse Debriefing, 1-26-23b
- ERDCC PREA Sexual Abuse Debriefing, 4-21-23
- ERDCC PREA Allegations Notification Checklist – Institution, 2-3-22
- ERDCC PREA Unit Investigation, 12-20-22
- ERDCC PREA Sexual Abuse Debriefing, 1-24-23
- ERDCC PREA Allegations Notification Checklist – Institution, 8-31-22
- ERDCC PREA Unit Investigation, 12-31-22
- ERDCC Problem Areas and Corrective Action Report

Interviews:

- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden
- Incident Review Team Member
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Reviewed Sexual Abuse Debriefing documentation

Standard Subsections:

(A) Policy (D1-8.13) states that “each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.” This review will be done for both substantiated and unsubstantiated allegations. During the audit time frame, the ERDCC has

concluded eleven (11) alleged sexual abuse investigations. In speaking with the ERDCC Warden, the role of each person within the debriefing process was explained.

(B) Policy (D1-8.13) mandates the “debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry.” During the audit time frame, the ERDCC has concluded ten (10) sexual abuse investigations that were not deemed unfounded. A review of those investigations demonstrate that the facility does, in fact, ordinarily conduct relevant debriefing within 30 days of the conclusion of a sexual abuse investigation.

(C) Policy (D1-8.13) requires that “the review team for offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable

(D) Per policy (D1-813), the sexual abuse incident debriefing does consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. The debriefing considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The debriefing looks to examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. The debriefing team also assesses the adequacy of staffing levels in that area during different shifts. The debriefing team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. Lastly, the debriefing team prepares a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

(E) Upon completion of the debriefing, the facility shall implement the recommendations outlined in the debriefing report for improvement or shall document its reasons for not doing so. This information is noted by completing the debriefing form. In speaking with the ERDCC Warden, the debriefing process was explained in great detail.

Reasoning & Findings Statement:

During the audit time frame, ERDCC has conducted ten (10) sexual abuse incident

	<p>debriefings specific to sexual abuse allegations. Documentation relative to the debriefings was examined to ensure that the debriefing team consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D of this standard, a debriefing report was completed with appropriate subsequent action taken where required, and that the review was ordinarily conducted within 30 days of the investigation conclusion. The debriefings did consist of the appropriate committee members, did give proper consideration to relevant factors, and generally occurred within 30 days of the conclusion of the investigation. In speaking with facility staff, each person explained their role within the debriefing process. Additionally, inmates were interviewed to determine what, if any, changes were needed or subsequently made to institutional policy following their reported incidents. With this, given the totality of the information reviewed, policies, documented evidence, staff and inmate interviews, it is apparent that the ERDCC has maintained overall compliance with each of the aforementioned provisions.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Memo, Investigative Report Intelligence System [IRIS] · Survey of Sexual Victimization Form, 2021 · MDOC Annual PREA Report, 2021 · ERDCC Annual PREA Report, 2022 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · ERDCC PREA Site Coordinator · ERDCC Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (D1-8.13) provides all staff within the MDOC a standardized set of definitions specific to sexual abuse and sexual harassment allegations. Policy (D1-8.13) further mandates that the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a Survey of Sexual Victimization Incident Form. In speaking with the Agency PREA Coordinator and the ERDCC PREA Site Coordinator, adherence to this provision was confirmed.

(B) Policy (D1-8.13) further requires that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. In speaking with the Agency PREA Coordinator and the ERDCC PREA Site Coordinator, adherence to this provision was confirmed.

(C) In reviewing the MDOC Annual PREA Reports, it was noted that the MDOC has completed the U.S. Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization report. Furthermore, as confirmed by the MDOC PREA Coordinator, the data includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.

(D) In speaking with the ERDCC PREA Site Coordinator, it was noted that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with the MDOC records retention schedule. The MDOC PREA Coordinator confirmed the agency's overall adherence to this policy. As well, the ERDCC PREA Site Coordinator confirmed that above reference sources were continuously used to inform the agency's annual statistical reports.

(E) In speaking with the MDOC PREA Coordinator, it was noted that all aggregated

	<p>sexual misconduct data received from private facilities with which it contracts is made available for inclusion the agency's aggregated data set. The MDOC PREA Coordinator confirmed the agency's overall adherence with this policy.</p> <p>(F) Policy (D1-8.13) requires that the PREA Coordinator provide aggregated data on sexual abuse and sexual harassment occurring within the MDOC to the Department of Justice (DOJ); specifically, the Bureau of Justice Statistics, on an annual basis. As confirmed by the PREA Coordinator, said data is provided to the DOJ no later than June 30th of each year.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on at least an annual basis. That data is then aggregated and made available for public review. The ERDCC has complied with the timely collection of said data and is subsequently furnishing it to appropriate entities as requested. Hence, the ERDCC has met all provisional requirements and is in compliance with this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Annual Report, 2021 · MDOC PREA Annual Report, 2020 · MDOC PREA Annual Report, 2019 · MDOC Website, PREA Reports · MDOC Problem Areas and Corrective Action Report · ERDCC Coordinated Response Protocol, 10-26-22 · ERDCC PREA Annual Report, 2022

Interviews:

- Agency Head
- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (D1-8.13) requires the MDOC to review the aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, response, and training policies. Specifically, the MDOC uses this information to identify problem areas, take corrective action on an ongoing basis, and prepare an annual report of its findings from the data review, as well as any corrective actions for each facility, along with the agency as a whole. The PREA Coordinator confirmed adherence to this process. As well, MDOC Annual PREA Reports (2021, 2020, 2019) do reflect the intelligent use of said data.

(B) Policy (D1-8.13) requires that annual statistical reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the MDOC's progress in addressing sexual misconduct. The PREA Coordinator confirms adherence to this policy. As well, MDOC Annual PREA Reports (2021, 2020, 2019) do reflect the intelligent use of said data.

(C) Policy (D1-8.13) requires that upon completion of each year's Annual PREA Report, the report shall be approved by the Commissioner of Correction and posted on the agency's web page. A review of the MDOC website <https://doc.mo.gov/programs/PREA> indicates that upon approval from the agency director, the report is then made available to the public. The PREA Coordinator confirms adherence to this

	<p>policy.</p> <p>(D) Per the PREA Coordinator and the ERDCC PREA Site Coordinator, personal identifiers are not used in producing either the agency or facility-based annual PREA reports. As such, there isn't a need to redact any information from said reports before making publicly available.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to determine if agency, and by extension, facility-based staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency wide PREA Coordinator, ERDCC PREA Site Coordinator, and the ERDCC Warden, the manner in which each person utilizes the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the ERDCC has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Annual Report, 2021 · MDOC PREA Annual Report, 2020 · MDOC PREA Annual Report, 2019 · MDOC Website, PREA Reports · MDOC Problem Areas and Corrective Action Report · ERDCC Coordinated Response Protocol, 10-26-22 · ERDCC PREA Annual Report, 2022

Interviews:

- Agency PREA Coordinator
- ERDCC PREA Site Coordinator
- ERDCC Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Per the Agency PREA Coordinator, all electronic retention files once PREA cases are complete are security maintained in the electronic retention files. Per the PREA Coordinator and the ERDCC PREA Site Coordinator, adherence to this policy is strictly enforced. A review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(B) Per policy (D1-8.13), aggregated sexual abuse data will be made available to the federal government as required. "The department's annual PREA report shall be made available to the public on the department's internet website" (D1-8.13). Per the PREA Coordinator, adherence to this policy is strictly enforced. Per the PREA Coordinator, all annual aggregated reports previously published pursuant to §115.87 are readily available to the public through the MDOC website.

(C) Per the PREA Coordinator, all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the agency's website.

(D) Policy (D1-8.13) requires that the agency maintain sexual abuse data collected pursuant to §115.87 "for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer." The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all

	<p>annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the MDOC website.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is apparent that both the MDOC PREA Coordinator, as well as the administration of the ERDCC, operate with transparency in government in accordance to state statute and federal law. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieved overall compliance.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · ERDCC Posted Auditor Notice (English) · ERDCC Posted Auditor Notice (Spanish) <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · ERDCC PREA Site Coordinator · ERDCC Facility Warden · Random/Targeted Staff · Random/Targeted Inmates <p>Site Review Observations:</p>

- On-site inspection of the entire ERDCC
- Review of documentation available via onsite inspection

Standard Subsections:

(A) As evidenced by presence of facility audits on the MDOC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all MDOC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.

(B) This is Audit Year One of Cycle Four.

(H) The auditor had full access to all areas of the facility.

(A) All documents requested by the auditor were received in a timely manner.

(A) The auditor was permitted to conduct private interviews with inmates.

(B) Inmates were permitted to correspond with the auditor using privileged mail processes.

Reasoning & Findings Statement:

Both the MDOC PREA Coordinator and the ERDCC PREA Site Coordinator were fully prepared for this review. The auditor was provided the PAQ in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Offenders were permitted to correspond with the auditor using privileged mail processes. Facility staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant

	barriers, at any stage of the audit, that were under the control of either the agency or the ERDCC. Accordingly, ERDCC has exceeded the provisions of this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none">· D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19· ERDCC Posted Auditor Notice (English)· ERDCC Posted Auditor Notice (Spanish) <p>Interviews:</p> <ul style="list-style-type: none">· Agency PREA Coordinator <p>Site Review Observations:</p> <ul style="list-style-type: none">· Review of documentation available via the MDOC PREA website· On-site inspection of ERDCC <p>Standard Subsections:</p> <p>(F) A review of the agency website reflects that the MDOC has published all final audit reports for prior audits completed during the last three years preceding this audit as they were made available to the agency. The PREA Coordinator affirms that all facilities within the MDOC have been audited in accordance to schedule and their reports subsequently published on the agency’s website as they were made available to the agency.</p>

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the MDOC does have an agency website and has made all facility PREA reports accessible by the public as they were made available to the agency.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>

PREA Facility Audit Report: Final

Name of Facility: Farmington Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/27/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Matthew Taylor	Date of Signature: 07/27/ 2023

AUDITOR INFORMATION	
Auditor name:	Taylor, Matthew
Email:	mtaylor@azadc.gov
Start Date of On-Site Audit:	06/12/2023
End Date of On-Site Audit:	06/14/2023

FACILITY INFORMATION	
Facility name:	Farmington Correctional Center
Facility physical address:	1012 West Columbia Street, Farmington, Missouri - 63640
Facility mailing address:	

Primary Contact	
Name:	Travis Crews
Email Address:	travis.crews@doc.mo.gov
Telephone Number:	5732187100

Warden/Jail Administrator/Sheriff/Director	
Name:	Teri Vandergriff
Email Address:	Teri.Vandergriff@doc.mo.gov
Telephone Number:	5732187100

Facility PREA Compliance Manager	
Name:	Travis Crews
Email Address:	travis.crews@doc.mo.gov
Telephone Number:	O: 573-218-7100

Facility Health Service Administrator On-site	
Name:	Lisa Ivy
Email Address:	livy@TeamCenturion.com
Telephone Number:	5732187100

Facility Characteristics	
Designed facility capacity:	2532
Current population of facility:	2451
Average daily population for the past 12 months:	2210
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	17-87
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	660
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	111
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	94

AGENCY INFORMATION

Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:

Name:	Anne L. Precythe
Email Address:	Anne.Precythe@doc.mo.gov
Telephone Number:	573-526-6607

Agency-Wide PREA Coordinator Information

Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-12
2. End date of the onsite portion of the audit:	2023-06-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor made contact with Just Detention International (JDI) through the official public website. JDI responded to my request for information and did not report any concerning information related to relevant conditions in the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2532
15. Average daily population for the past 12 months:	2210
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2403
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	3
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	50
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	150
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	20
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	22

43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	20
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	37
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	591

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	94
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	71
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	26
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided the auditor with a roster of all inmates at the facility. The auditor chose inmates based on age, race, ethnicity, length of time at the facility and housing assignment.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	17
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	3
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	4
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 707 1469 869"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 916 1469 996"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor was provided rosters of all inmates confined at the facility. Additional documentation was provided by the facility which illustrated there were no inmates at the facility that disclosed prior sexual victimization during the risk screening. The facility also provided a written statement, authored by the PREA compliance manager, indicating this population did not exist at the facility during the onsite portion of the audit.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	As a matter of policy and practice, the facility does not place inmates in segregated housing/isolation for risk of sexual victimization. This was supported by inmate rosters and documentation provided by the facility. The auditor also had informal conversations with staff and inmates which also supported this claim.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☒ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The main contract staff at the facility are medical and mental health practitioners.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	20	0	20	0
Staff-on-inmate sexual abuse	9	0	9	0
Total	29	0	29	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	13	0	13	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	13	0	13	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	10	1	9	0
Staff-on-inmate sexual abuse	2	1	2	4
Total	12	2	10	4

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	5	4	3	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	5	4	3	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

10

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	7
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	7
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Department policy D1-8.13 outlines the agency's zero tolerance towards all forms of sexual abuse and sexual harassment for all facilities it directly operates. Policy D1-8.13 outlines how the agency implements its approach to preventing, detecting and responding to incidents of sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the sanctions for those who are found to have participated in prohibited behaviors. The policy includes a comprehensive description of the strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>The Missouri Department of Corrections employs an upper-level agency-wide PREA coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA coordinator falls under the agency's Office of the Director and Office of Professional Standards. A review of the agency's organizational chart illustrated this hierarchy. An interview with the agency PREA Coordinator Darren Snellen also confirmed his position and authority.</p>

	<p>Mr. Snellen also stated “I am in regular contact with PREA site coordinators providing them guidance and training. Each year I conduct mock audits of the facilities that are going to be audited and provide them with guidance and feedback. Additionally, each year we provide the site coordinators with a day training in regards to being compliant with PREA standard, our policies and procedures. Anytime an issue is brought to light during an investigation I contact the warden and site coordinator to address and correct the issue.”</p> <p>Farmington Correctional Center employs a designated PREA compliance manager. The PREA compliance manager for the facility at the time of the audit was Deputy Warden Travis Crews. Deputy Warden Crews reported he had sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. The PREA compliance manager for the facility reports directly to the Warden of the institution.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Missouri Department of Corrections does not currently enter into contracts for the confinement of inmates in their facilities. This information was illustrated in the pre-audit questionnaire (PAQ) and confirmed through an interview with the agency’s contract administrator.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has developed and documented its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. The facility provided a copy of the staffing level spreadsheet which outlined all three shifts’ normal staffing patterns and numbers as well as a critical staffing chart. The facility indicated in the</p>

PAQ the average number of daily inmates which the staffing plan was predicated was 2532.

During the site review process the auditor actively observed the number of staff, contractors and volunteers that were visually present. All areas of the facility were observed by the auditor which included inmate housing units, segregation areas, work locations, education and programming locations. The auditor carefully observed staff line of sight and any potential blind spots throughout the facility. During the site review, video monitoring was carefully observed and reviewed to determine if the use of the technology augmented and supported staff supervision. During the site review the auditor had informal conversations with staff regarding supervision practices.

Informal conversations were also conducted with inmates at the facility regarding staffing presence and how staffing impacts access to programming, education and daily activities.

The facility reported through the PAQ there have not been any deviations to the staffing plan within the last 12 months. However, it was reported that if there were deviations to the staffing plan, they would be documented.

The auditor interviewed the Warden of the facility who stated that adequate staffing levels to protect inmates against sexual abuse is always considered in the staffing plan. She indicated they focus on inmate gathering locations, work locations and housing units. She also reported video monitoring technology is part of the staffing plan which is documented. She reported if there were any deviations from the staffing plan they would be documented with explanations.

A PREA staffing plan evaluation dated January 24, 2023 was provided by the facility.

This evaluation illustrated that at least once every year the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan, the deployment of monitoring technology and allocation of resources to commit to the staffing plan to ensure compliance with the plan. An interview with the agency PREA coordinator also substantiated his involvement with the staffing plan evaluation at the facility.

Policy D1-8.13, provided by the facility illustrates a practice of having intermediate and higher-level supervisors conduct and document unannounced rounds. Policy and post orders illustrate that rounds are conducted on all three shifts at the facility.

Additionally, policy prohibits staff from alerting other staff members that supervisory rounds are occurring.

The auditor conducted interviews with intermediate and higher-level staff at the facility who confirmed these practices on all three shifts and that they were unannounced.

The facility provided documented examples of unannounced rounds occurring on all three shifts at the facility.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 dictates youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. Policy dictates the facility makes its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.</p> <p>In the PAQ the facility reported they have a housing unit which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. The PAQ also reported they do not place youthful inmates in the same housing units as adults. The PAQ indicated the facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas outside housing units. The PAQ reported there have been zero youthful offenders placed in isolation in order to separate them from adult inmates</p> <p>During the site review the auditor observed the single housing unit dedicated to housing youthful inmates at the facility. The auditor observed a single high fence surrounding the housing unit. The housing unit was two stories but the fence surrounding the building was higher than the building itself. The auditor was unable to see or hear adult inmates while inside or outside the housing unit. It should be noted the auditor visited this housing unit twice during the site review and both times there was clear and obvious sight and sound separation. The auditor observed there were no youthful offenders held in isolation that were prohibited from exercise, education or program opportunities.</p> <p>The auditor interviewed 2 staff members who supervise youthful offenders. Both staff members indicated sight and sound separation always occurred with youthful offenders and they were not aware of any instances where youthful offenders would have contact with adult inmates at the facility. One of the staff members reported that if they needed to take a youthful offender to medical, on the other side of the yard, that only occurred during count when the yard was locked down and they were always directly supervised by a security staff member.</p> <p>The auditor interviewed 3 youthful offenders during the onsite portion of the audit. All youthful offenders reported they never had any contact with adult inmates and always had sight and sound separation.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1469 880">Agency policy D1-8.13 prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Agency policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. This policy dictates the agency has procedures in place to enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, including viewing via video camera. Policy also requires staff of the opposite gender to announce their presence when entering a housing unit. This policy prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The facility reported in the PAQ that have not conducted any such searches in the last 12 months.</p> <p data-bbox="256 925 1469 1093">The facility reported through the PAQ that they do not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The facility also reported in the PAQ in the past 12 months they have conducted zero cross-gender strip or cross-gender visual body cavity searches of inmates.</p> <p data-bbox="256 1126 1461 1373">During the site review process, the auditor visually observed areas within the facility where staff conducted strip searches of inmates. The auditor observed designated strip search areas allowed for privacy either through barriers or privacy screens to prevent potential cross-gender viewing. The auditor also had informal conversations with random security staff who indicated staff of the opposite gender do no conduct these types of searches.</p> <p data-bbox="256 1406 1390 1529">The facility reported through the PAQ that no female inmates are housed at the facility. The auditor verified this information through facility documentation and rosters, conversations with staff and inmates and direct observation.</p> <p data-bbox="256 1563 1469 2022">During the site review process, the auditor observed all housing units at the facility and areas where inmates would have opportunity to shower, use the toilet, or change their clothes. The facility did have housing units that were multi-tiered but direct observation of those areas did not indicate cross-gender viewing was apparent or problematic. Video monitoring technology was reviewed by the auditor and no camera footage observed indicated inmates could be seen in a state of undress, using the shower or toilet by staff of the opposite gender. The auditor observed the facility has implemented verbal announcement over loudspeakers in the housing unit when female staff is working on posts in housing units. Additionally, the facility has a visual sign that is hung in conspicuous areas of the housing unit, alerting inmates of female staff presence.</p> <p data-bbox="256 2056 1318 2089">The auditor conducted interviews with random staff throughout the facility.</p>

	<p>Overwhelmingly staff indicated female staff regularly announce their presence prior to entering a housing unit. Staff also indicated they felt inmates had the ability to shower and use the restroom without female staff seeing them in a state of undress.</p> <p>Interviews were also conducted with random inmates throughout the facility. Generally, inmates felt they had privacy when showering and using the restroom because female staff almost never entered the bathroom areas when inmates were utilizing them.</p> <p>The auditor conducted interviews of random staff throughout the facility. No staff interviewed indicated they would ever search a transgender or intersex inmate solely for the purpose of determining the inmate's genital status. Interviews were also conducted with at least 3 transgender inmates at the facility. All inmates interviewed indicated they did not believe they were ever searched for the sole purpose of determining their genital status.</p> <p>Policy D1-8.13, training logs and Divisional Searches Training Plan were provided by the facility outlining training specific to searches of transgender and intersex inmates in a professional and respectful manner. The PAQ indicated that 100 percent of security staff have completed the required training.</p> <p>The auditor conducted interviews with random staff throughout the facility. All security staff indicated they had received training on how to conduct professional and respectful searches of transgender and intersex inmates.</p> <p>The auditor interviewed 4 transgender inmates during the onsite portion of the audit. No inmates reported they were ever placed in a housing unit specifically for transgender inmates. Additionally, no inmates reported they were ever strip searched for the sole purpose of determining their genital status.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Department policy D1-8.13 illustrates the facility's established procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provided their current contracts for on demand

interpretation services which included sign language. The facility also has established procedures for inmates that are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The two most common languages spoken at the facility are English and Spanish. There are staff employed at the facility that are trained to assist with only Spanish-speaking inmates and staff are trained on how to provide these services as evidenced by the provided training logs. The facility provided posters and brochures that are placed in conspicuous locations throughout the facility to assist inmates that are disabled and are limited English proficient.

During the site review the auditor made observations in inmate housing units and tested the availability of services provided by telephone. The auditor was able to test these services in English and Spanish. Additionally, PREA information is also available in multiple formats via the inmate tablets. This information is available in multiple languages. The auditor observed in multiple housing units that written information was not as available and obvious or in a centralized location. The auditor worked directly with the facility and the facility agreed and completed inmate bulletin board installation that included comprehensive PREA education material for all inmates at the facility.

Interviews were conducted with the agency Director. He stated the Department assigns offenders based on their needs. Offenders with a disability would be assigned to an institution that is setup to accommodate them. If the offender has concerns, there is also a policy and process for offenders to request ADA accommodation. He reported the Department also has signs and materials that are available in different languages to ensure those offenders in which English is their second language can be informed of the agency's practices and processes.

The auditor interviewed inmates with disabilities and who were limited English proficient. Overwhelmingly inmates reported they received PREA educational materials in a way they could understand.

Policy D1-8.13 prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties under 115.64, or the investigation of the inmate's allegations. The facility reported that they have not had any instances where inmate interpreters were utilized.

Interviews with random staff who reported the facility would not use inmate interpreters to assist another inmate who was reporting an incident of sexual abuse.

The auditor interviewed inmates with disabilities or who are limited English proficient. Interviews supported the facility's adherence to established policy and procedures.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.

115.17	Hiring and promotion decisions
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1477 1417"> Agency policies D2-2.23, D2-11.14, D2-13.1 outline the prohibition from hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. These policies require consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. These policies also require that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates. Policy D2-11.14 requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. It was noted by the auditor that agency policy actually requires background checks on all employees, contractors and volunteers every year on the person's birth month. Policy requires that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. </p> <p data-bbox="256 1469 1473 1547"> The facility PAQ indicated that during the last 12 months, they hired 268 persons who may have contact with inmates all of whom have had criminal background checks. </p> <p data-bbox="256 1585 1449 1664"> The auditor conducted file reviews of staff, contractors and volunteers at the facility illustrating that proper criminal background checks have been conducted. </p> <p data-bbox="256 1697 1398 1776"> The auditor interviewed human resource staff at the facility which confirmed the requirements under this standard and its provisions. </p> <p data-bbox="256 1809 1469 1933"> The facility reported that in the last 12 months they have entered into 3 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. </p> <p data-bbox="256 1966 1481 2045"> Agency policy D2-2.23 requires that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. </p> <p data-bbox="256 2078 1453 2112"> Based on a review of the PAQ, provided policies, procedures, documents, site review </p>

	observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to information provided by the facility in the PAQ, they have not acquired a new facility or made a substantial expansion or modification to the existing facilities since August 20, 2012, or since the last PREA audit.</p> <p>The auditor conducted interviews with the agency Director and facility Warden that confirmed the information provided in the PAQ.</p> <p>According to information provided by the facility in the PAQ, facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p>The auditor conducted interviews with the agency Director and facility Warden that confirmed the information provided in the PAQ.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on information provided by the facility in the PAQ, the facility is responsible for conducting administrative sexual abuse investigations, including inmate-on-inmate sexual abuse or staff sexual misconduct. In the PAQ the facility reported they were responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). In the PAQ they reported when they conduct sexual abuse investigations, the agency investigators follow a uniform evidence protocol. The policy D1-8.8 outlines the agency's uniform evidence protocol.</p> <p>The auditor interviewed at least 12 random staff working throughout the facility to assess staff knowledge of the required technical detail to aid responders in obtaining usable physical evidence. Additionally, random staff were aware of their</p>

responsibilities when an inmate reports they have been a victim of sexual abuse.

Information provided in the PAQ indicated the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Information provided in the PAQ indicated the facility offers all inmates who experience sexual abuse access to forensic medical examinations. The facility also offers all inmates who experience sexual abuse access to forensic medical examinations onsite. The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility as well if not available at the time of an incident. The facility indicated that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility also indicated they document efforts to provide SANEs or SAFEs. This information was evidenced by the provided SANE Hospital listing and the Department's Coordinated Response Plan.

The PAQ indicated the facility conducted 3 forensic medical exams during the past 12 months, 3 exams performed by SANEs/SAFEs during the past 12 months and 3 exams performed by a qualified medical practitioner during the past 12 months.

The auditor interviewed SAFE/SANE staff during the onsite portion of the audit. They indicated that exams would almost always be conducted at the facility because they have a procedure to bring in nurses at all times of day regardless of the hour. They indicated there are at least 3 nurses available at any time to respond. They also explained that exams are only conducted at the facility when the incident is inmate-on-inmate. If the incident involves a staff member the SAFE/SANE exam is done at the hospital.

Information provided in the PAQ indicated the facility attempts to make available a victim advocate from a rape crisis center to the victim, either in person or by other means. Specifically, the facility has an MOU with Southeast Missouri Family Violence Council to provide victim advocacy services. Additionally, the facility provided information that they also have 2 qualified staff members who has received training on providing advocacy with survivors of sexual victimization.

The PAQ indicated if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The auditor interviewed the PREA Compliance Manager who confirmed the MOU with Southeast Missouri Family Violence Council and the two chaplains that have received advocacy training.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is

	substantially compliant with this standard and all of its provisions.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). The facility reported that in the last 12 months there have been 34 allegations of sexual abuse and sexual harassment that were received. The facility reported through the PAQ there were 6 allegations resulting in an administrative investigation. There was 1 allegation referred for criminal investigation. The facility reported that all allegations received during the past 12 months, all administrative and criminal investigations were completed. The auditor observed discrepancies in the original investigation numbers provided by the facility in the PAQ. The auditor confirmed actual investigation numbers during the audit process and numbers were reported in the PARF.</p> <p>The auditor interviewed the Director of the agency that confirmed the facility conducts criminal and administrative investigations related to sexual abuse and sexual harassment.</p> <p>Policies D1-8.1 and D1-8.4 require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>Information in the PAQ indicated the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The auditor confirmed the existence of the policy on the agency website through direct observation.</p> <p>The auditor interviewed investigative staff who confirmed there was a policy in place as required in this provision.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Agency policies D1-8.13, IS5-3.3 and provided training plan illustrate that the agency trains all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>The PAQ and policy DI-8.13 indicated that training is tailored to the gender of the inmates at the facility and employees who are reassigned from facilities housing the opposite gender are given additional training. Between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Employees receive refresher training every two years. Between trainings employees are provided additional refresher training between the required two-year training periods. The agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.</p> <p>The auditor interviewed a random sampling of staff throughout the facility, all of which indicated they had been fully trained on PREA and their responsibilities as employees of the Department and confirmed the frequency of training.</p> <p>The auditor reviewed employee training records which illustrated the agency's compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy D1-8.13 dictates the agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

	<p>The training module “Volunteers in Corrections” training illustrated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The PAQ indicated there were a total of 94 volunteers and contractors, (who may have contact with inmates) who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility reported the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ indicated the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The auditor interviewed volunteers and contractors throughout the facility, all which confirming they had received PREA training from the agency. Additionally, contract medical and mental health staff indicated they receive additional PREA training through Corizon.</p> <p>The auditor reviewed volunteer and contractor training records which illustrated compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 dictates that during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The policy requires within 30 days of intake, the facility shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Policy also requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. Inmate PREA education handouts, flyers and brochures illustrate</p>

	<p>compliance with this standard.</p> <p>The PAQ indicated there were 2399 inmates that were admitted during the past 12 months all were given PREA educational material. The facility reported there were 2399 inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.</p> <p>The auditor interviewed intake staff at the facility who confirmed they provided all required PREA information to inmates during the intake process.</p> <p>The auditor also interviewed a random sampling of inmates throughout the facility. Overwhelmingly, inmates reported receiving PREA information during intake and within 72 hours of entering the facility.</p> <p>The auditor spot checked inmate records during the course of the audit illustrating inmates received PREA related training and educational materials during the intake process or within 72 hours of intake. Inmates also signed an acknowledgment form indicating they received the aforementioned training.</p> <p>During the site review process, the auditor observed the intake process with the group of new inmates entering the facility. The auditor observed the inmates gathered in a housing unit dayroom dedicated by the facility for inmate education upon first entering the facility. Informational material was provided to inmates via literature, which was available in both English and Spanish formats. Staff also spoke with inmates directly to ascertain if there were individuals that needed additional assistance based on limited English proficiency or who were disabled, deaf or who were blind or have low vision. The auditor observed medical/mental health staff present that could assist with individuals that had cognitive or functional disabilities. The auditor also observed that a PREA educational video was provided to the group of inmates which further illustrated compliance with this standard.</p> <p>During the site review process, the auditor observed housing units that needed a more robust and more centralized location where inmates have access to information related to PREA educational materials, reporting mechanisms and access to outside emotional support services. The auditor worked directly with the facility to address this concern by creating a bulletin board space in every wing of every housing unit. This bulletin board space ensures that key PREA information is continuously and readily available throughout the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Investigators also receive specialized training that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The facility PAQ also provided the training modules from “Investigating Sexual Abuse in Confinement Settings” illustrating the training provided to its investigators. The facility reported there are a total of 2 investigators that work at the facility that have completed the required training.</p> <p>The auditor interviewed investigative staff from OPS who confirmed they had received the required specialized training.</p> <p>The auditor reviewed training records of investigators which further confirmed the completion the required training.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 requires all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The facility reported in the PAQ that there was a total of 61 medical and mental health care practitioners who work regularly at this facility all of whom received the training required by agency policy. In the PAQ the facility reported there were medical staff working at the facility that could be responsible for conducting forensic medical exams and those staff have received appropriate training on how to conduct such examinations.</p> <p>The facility also provided training records of medical and mental health staff working</p>

	<p>at the facility illustrating completion of required training. The PAQ reported that 100 percent of medical and mental health staff who work regularly at the facility who received agency required training.</p> <p>The auditor interviewed medical and mental health staff working at the facility who confirmed they have received the required PREA training that included all the elements of the provision. Medical staff also reported there were staff working at the facility who could conduct SAFE/SANE exams.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policies D1-8.13 and IS5-2.3 require screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. This policy also requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Policy also requires the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Finally, policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.</p> <p>The facility reported in the PAQ there were a total of 2399 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and all were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. In the PAQ the facility provided a copy of their objective screening instrument. The risk screening tool minimally considers 1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6)</p>

Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

During the site review process, the auditor confirmed who was responsible for conducting the risk screening of inmates at the facility. The auditor was also able to sit through several risk screenings of inmates entering the facility. The auditor confirmed the screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. The auditor assessed whether screening staff ask screening questions in a manner that fosters comfort and elicits responses. The auditor also tested the method for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility, including whether:

- Screening staff use an instrument to collect information during the risk screening process.
- Screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).
- Screening staff use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment.
- Completion of the risk screening instrument returns a subsequent "score" or determination of risk of being sexually abused or being sexually abusive.

During the site review process, the auditor observed the safeguards the facility had in place to protect sensitive information related the risk screening process. Sensitive information was only accessed by approved staff and were either locked in filing cabinets or electronic access which was password protected for authorized staff.

The auditor interviewed staff responsible for the risk screening process who confirmed risk screening takes place within 72 hours of arrival at the facility.

The auditor also interviewed random inmates throughout the facility, several of which entered the facility within the last 12 months, who indicated they remembered being asked questions related to whether they had been in prison before, whether they had been sexual abused before, how they identify and if they felt safe in the facility.

Inmates were also questioned if they remembered receiving a follow-up interview with a staff member within 30 days of their intake to the facility. Overwhelmingly, inmates reported they remembered the follow-up questions.

The auditor also interviewed the PREA Coordinator and PREA Compliance Manager who confirmed the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

The auditor spot-checked inmate records at the facility which indicated inmates were

	<p>screened within 72 hours of their intake and that inmates were reassessed for their risk of victimization or of being sexually abusive within 30 days after their arrival based upon any additional, relevant information received since intake.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies D1-8.13, IS5-2.3 and IS18-1.1 address how the facility makes individualized determinations about how to ensure the safety of each inmate. These policies dictate how the facility in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.</p> <p>The facility provided examples of risk screening information and how they use the information to make housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The auditor interviewed the PREA Compliance Manager and staff responsible for risk screening at the facility that confirmed adherence to individualized determinations for inmates' facility and agency wide. They also both stated that transgender and intersex inmate's own views with respect to their safety was given serious consideration. They also confirmed placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. The PREA compliance manager explained there was an individual shower in each housing unit that offered transgender inmates the ability to shower separately.</p> <p>The auditor interviewed multiple transgender inmates at the facility. Transgender inmates reported they had not been placed in housing units only for transgender or intersex inmates. They also felt their own views with respect to their safety was given serious consideration. Transgender inmates all reported they were afforded the opportunity to shower separately from other inmates.</p> <p>During the site review process the auditor observed showers in housing units with doors that enabled transgender and intersex inmates to shower separately from other inmates.</p>

	Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies D1-8.13 and IS5-2.3 prohibit the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Policy IS5-2.3 also requires that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.</p> <p>The facility PAQ reported there were zero inmates held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of an assessment. The PAQ also reported there was a total of zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. The facility PAQ reported there were a total of zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months.</p> <p>The auditor interviewed the Warden who confirmed that inmates are never placed in involuntary segregated housing as a result of an inmate's high risk of sexual victimization.</p> <p>The auditor interviewed a staff member who supervises inmates in segregated housing. This individual was also a supervisor over the segregated housing unit. The staff member stated the only time that inmates lose any programs, privileges, education or work opportunities, is when the individual requests protective custody for their own safety. The stated inmates are never placed in segregated housing based on risk assessment or reported incidents of sexual abuse as the victim.</p> <p>The auditor also interviewed inmates who were housed in segregated housing but those who were interviewed reported they desired to be in segregated housing for their own personal safety concerns.</p> <p>The auditor spot-checked inmate records provided from the facility and there were no instances observed where inmates were placed in segregated housing for any extended period of time and certainly nothing close to 30 days or more.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is</p>

	substantially compliant with this standard and all of its provisions.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 addresses the multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This policy also mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Policy D1-8.13 addresses the Crime Tips hotline as a method for staff to privately report sexual abuse and sexual harassment of inmates. Policy confirms that staff are immediately required to document reporting that is verbal, in writing, anonymously and from third parties.</p> <p>The PAQ included an MOU with the Missouri Department of Safety which provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>During the site review process the auditor actively observed all posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage observed included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Signage was provided in both English and Spanish, the other most commonly spoken language at the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The auditor observed the information on the signage was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone numbers. The auditor observed signage on how to report sexual abuse and sexual harassment using both internal and external reporting methods.</p> <p>The auditor did make a recommendation to the facility that they construct a centralized location and bulletin board space accessible to all inmates in the housing units specifically. The facility agreed to and constructed these bulletin boards which enhanced how PREA information was available to all inmates housed at the facility.</p> <p>The auditor also observed the generalized locations of inmate mailboxes and receptacles placed throughout the facility where all inmates had access. Mailboxes were secure with locking mechanisms and only authorized staff at the facility has access to these boxes, which were never handled by other inmates. The auditor successfully tested external reporting by phone which worked appropriately and effectively.</p>

	<p>During the site review process the auditor was able to successfully test staffs' ability to report outside their immediate chain-of-command and it was on demand and easy to understand and use.</p> <p>The auditor interviewed random staff throughout the facility who were overwhelmingly aware of how to confidentially report incidents of sexual abuse and sexual harassment that was outside of their immediate chain-of-command or administration and the requirement to report all incidents of sexual abuse and sexual harassment immediately.</p> <p>The auditor interviewed random inmates throughout the facility. Inmates interviewed overwhelmingly reported the ways they could report incidents of sexual abuse and sexual harassment. Some of the methods discussed were reporting verbally to a staff member, writing a "kite" to staff, calling the posted hotline numbers and speaking directly with staff that were not considered security staff. Some inmates also indicated they could contact their family members who could report incidents as a third-party.</p> <p>The auditor interviewed the PREA compliance manager who reported inmates are allowed to submit a written letter to staff and they would not be required to provide their personal information and remain anonymous. They also were aware of the inmates had the ability to report to the Missouri State Police as the detached and separate third-party.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policies D1-8.13 and D5-3.2 illustrate the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. These policies allow inmates to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Inmates are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policy also illustrates that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The agency's policy requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Policy allows third parties, including fellow inmates, staff members, family</p>

	<p>members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. Agency policy has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Agency policy dictates inmates may be disciplined for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.</p> <p>The facility PAQ reported there were zero grievances filed within the last 12 months alleging sexual abuse. The PAQ also indicated there were a total of zero emergency grievances alleging substantial risk of imminent sexual abuse filed within the last 12 months. The PAQ indicated there were zero grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith within the last 12 months.</p> <p>During the site review portion of the audit, the auditor visually observed the facility's third-party reporting mechanism documentation. This information was available to family members, friends, advocates, and attorney at the entrance of the facility and waiting area. The auditor tested the third-party reporting through the agency website. The PREA coordinator obtained the email and responded within a reasonable period of time.</p> <p>The auditor interviewed 1 inmate who reported sexual abuse in the facility. This inmate did not file any grievances related to the incident of sexual abuse.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 provides direction on how the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.</p> <p>The facility PAQ indicated and provided an MOU they currently have with Southeast Missouri Family Violence Council for advocacy services provided at the facility.</p> <p>The facility provided both English and Spanish versions of PREA information posters outlining emotional support services are provided in writing or by phone to Just Detention International, RAINN and Southeast Missouri Family Violence Council by mail or telephone at no charge.</p> <p>During the site review process the auditor observed signage specific to emotional support services that clearly details the services and how to make contact with ongoing emotional support. Inmates have the ability to contact these agencies by provided telephone numbers and mailing address clearly indicated on the flyers. The auditor's assessment of this process was that it was easy to operate, inmates understood how to make contact with these outside agencies, they could do so without financial cost and there was reasonable access for those inmates considered limited English proficient and disabled. The auditor also reviewed the process for sending and receiving mail at the facility. A mail drop box was observed in a general location in the facility that remained locked at all times and could only be opened by authorized staff. This drop box could be used to send mail or letter or note in passing. All inmates at the facility had equal and easy access to the mail drop box.</p> <p>The auditor interviewed an inmate who reported sexual abuse at the facility. The inmate was unable to provide information about what outside emotional support services were offered to him by the facility.</p> <p>The auditor interviewed random inmates throughout the facility some of which reported seeing brochures or signage posted related to outside ongoing emotional support services.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The facility PAQ illustrated multiple methods to receive third-party reports of sexual abuse and sexual harassment and how they distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>The auditor reviewed the external agency website which provided a telephone number, the ability to write directly to the PREA Unit for the Missouri Department of Corrections and the ability to email directly to the Missouri Department of Corrections.</p> <p>During the site review process the auditor observed clear and obvious signage related to third-party reporting throughout the facility including public areas which can be accessed by family members, friends, advocates and attorneys.</p> <p>The auditor tested the third-party reporting email reporting mechanism during the audit process. The auditor was able to clearly and easily submit an email test complaint which the facility promptly responded to.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy D1-8.13 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also contains language indicating apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The facility also provided an excerpt from Missouri Revised Statutes related to mandatory reporting responsibilities further illustrating this requirement.</p> <p>During the site review process the auditor observed how the facility processed all types of methods of reporting for staff, volunteers and contractors. Reporting methods were available on demand and to all staff/supervisory staff at the facility.</p> <p>The auditor interviewed random staff throughout the facility who all reported their</p>

	<p>duty to report all instances of sexual abuse and sexual harassment immediately. The duty to report was also a requirement for instances of retaliation for individuals who reported or witnessed instances of sexual abuse or harassment.</p> <p>The auditor interviewed medical and mental health staff at the facility who confirmed their duty to report incidents of sexual abuse and that they inform inmates of their duty to report and the limitations to confidentiality.</p> <p>The auditor interviewed the Warden and Agency PREA Coordinator who confirmed that if an alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Interviews also confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the facility's designated investigators.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 dictates when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>The facility PAQ reported during the last 12 months there were zero instances when the agency determined an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>The auditor interviewed the agency Director, Warden and a sampling of random staff throughout the facility all of which indicated that immediate action is taken to protect an inmate when the facility learns they are at risk of imminent sexual abuse and articulated part of the agency coordinated response plan.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 dictates that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This agency policy also requires that notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The policy requires the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>The facility PAQ indicated that over the past 12 months they have received 4 allegations that an inmate was abused while confined at another agency. The PAQ reported they document they provide such notifications within 72 hours of receiving these allegations. The PAQ indicated over the past 12 months there have been 5 allegations of sexual abuse the facility received from other facilities.</p> <p>The auditor interviewed the agency Director and Warden who both confirmed the agency response to allegations of sexual abuse and sexual harassment received from outside agencies and for allegations made inside a facility that occurred at another facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 and the Coordinated Response Protocol provides clear guidance that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as</p>

	<p>appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. This policy also requires if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>The PAQ indicated there have been 5 instances where an allegation of sexual abuse occurred and the first responder was not security staff.</p> <p>The auditor interviewed both random security staff and non-security staff first responders who confirmed their immediate steps to protect inmates and collect evidence without destruction. Both security and non-security staff were aware of their responsibilities to request the victim request that the alleged victim not take any actions that could destroy physical evidence.</p> <p>The auditor also interviewed 1 inmate who reported sexual abuse in the facility. The inmate reported that he initially reported the incident by an inmate letter. He also reported it took about a week for anyone to respond to his complaint. He stated the first person that he initially met with was an investigator.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The PAQ indicated they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership (Coordinated Response Plan).</p> <p>The auditor interviewed the facility Warden who confirmed the existence of a facility coordinated response plan and explained the plan and how staff should execute it when faced with an incident of sexual abuse.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D2-11.6, the provided collective bargaining memo and Labor agreement between the State of Missouri Department of Corrections and Missouri Corrections Officers Association illustrated that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation of, or a determination of whether and to what extent discipline is warranted.</p> <p>The auditor interviewed the agency Director who confirmed any agreements entered into permit the agency from removing alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent to discipline.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 establishes a process to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. This policy requires that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>The PAQ indicated the facility designates a specific staff member with monitoring possible retaliation. The person responsible for retaliation monitoring at the facility is the deputy warden and the facility PREA Compliance Manager. The PAQ indicated there were zero instances of retaliation that occurred in the past 12 months.</p> <p>The auditor interviewed the agency Director who reported retaliation monitoring on</p>

	<p>all victims, witnesses, and reporting parties. He also explained the retaliation monitoring process and how long monitoring takes place.</p> <p>The auditor interviewed with the Warden and PREA Compliance Manager who is charged with monitoring retaliation. They both reported they monitor housing changes, transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>The auditor attempted to interviewed 1 inmate who reported sexual abuse at the facility. The inmate refused to indicate if he felt protected or had received any retaliation as a result of reporting an incident of sexual abuse. It should be noted that the auditor reviewed the investigation involving this inmate. The auditor observed in the file that the case was investigated promptly and thoroughly and all subsequent requirements were followed under the standards.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency Policy D1-8.13 prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>The PAQ indicated there have been zero instances of inmates that were placed in involuntary segregated housing in the past 12 months for one to 24 hours awaiting the completion of an assessment.</p> <p>The auditor interviewed the Warden, staff who supervise inmates in segregated housing and inmates in segregated housing who allege to have suffered sexual abuse. The interviews all indicated that facility procedure is not to place inmates who have alleged to have suffered sexual abuse in segregated housing.</p> <p>The auditor interviewed 1 inmate who reported sexual abuse at the facility. He reported he was not placed in segregated housing for filing an allegation of sexual abuse.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.71	Criminal and administrative agency investigations
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1481 589">Agency policies D1-8.1 and D1-8.4 require that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Policy requires the agency to retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Policy dictates that reports are retained for 90 years.</p> <p data-bbox="256 622 1481 824">The PAQ indicated that all substantiated allegations of conduct that appear to be criminal are referred for prosecution. The PAQ reported there were zero allegations at the facility that were referred for criminal prosecution since the last PREA audit. The facility provided their retention schedule regarding criminal and administrative investigations related to sexual abuse.</p> <p data-bbox="256 857 1481 1272">The auditor interviewed investigative staff who confirmed that all investigations are handled promptly and professionally regardless of how the information is received, including third-party reports. Investigative staff explained the investigative process at the facility, to include evidence collection procedures. Evidence collection included physical and testimonial. The investigator confirmed investigators received specialized training regarding investigating sexual abuse in confinement settings. The investigator confirmed when the quality of evidence appeared to support criminal prosecution, the investigator only conducts compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p data-bbox="256 1305 1481 1597">The auditor reviewed investigative files while conducting the onsite portion of the audit. The auditor observed investigations that were conducted promptly, thoroughly and objectively. Investigative files reviewed also illustrated that investigators gathered and preserved direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewed alleged victims, suspected perpetrators, and witnesses; and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigative files reviewed indicated that when the quality of evidence appeared to support criminal prosecution, the agency conducted compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p data-bbox="256 1798 1393 1877">The auditor interviewed 1 inmate that reported sexual abuse at the facility. The inmate reported he was not required to take a polygraph test at any time.</p> <p data-bbox="256 1910 1457 2078">During the site review process the auditor observed physical storage areas where investigative files were stored. This information was under lock and key and only those individuals authorized to the information had access. Any electronic means of storage was password protected.</p>

	Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 outlines that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The auditor interviewed investigative staff during the audit who confirmed the preponderance of evidence standard requirement.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 requires that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The policy also requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy additionally requires that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The policy requires that all such notifications or attempted notifications are documented.</p>

	<p>The facility PAQ reported in this standard that there were 5 cases of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. The PAQ indicated that of the 5 cases, all 5 inmates were advised in writing of the result of the investigation.</p> <p>The auditor interviewed the facility Warden and investigative staff, both of which confirmed that inmates are always advised of the outcomes of investigations.</p> <p>The auditor also interviewed 1 inmate who reported sexual abuse at the facility. The inmate reported he was not made aware of the outcome of the investigation. It should be noted that the auditor reviewed the inmate's investigative file and determined he had been advised of the outcome of investigation.</p> <p>The auditor reviewed sample investigations while at the facility. All investigations the auditor reviewed included documentation indicating inmates were advised of the outcome of investigations; substantiated, unsubstantiated or unfounded.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.76 Disciplinary sanctions for staff	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies D2-11.10 and D1-8.13 dictate that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy D2-11.10 outlines the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This policy also dictates that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the PAQ the facility provided examples of staff that were terminated as the presumptive disciplinary for staff who have engaged in sexual abuse. The PAQ indicated there were 6 cases in the last 12 months that resulted in termination for violating agency sexual abuse or sexual harassment policies. The PAQ reported there was one staff member that was disciplined, short of termination, for violating agency sexual abuse and sexual harassment policies. The PAQ indicated in the past 12 months there were zero staff members from the facility that had been reported to law</p>

	<p>enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policies D1-8.13 and D2-13.1 dictate that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>The PAQ indicated there had been zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates. The PAQ indicated the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>There were no investigative reports for the auditor to review involving volunteers or contractors related to incidents of sexual abuse or sexual harassment.</p> <p>The auditor interviewed the facility Warden who stated in the case of volunteers and contractors they follow the facility coordinated response plan and immediately remove the contractors and volunteers from inmate contact.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policies D1-8.13 and IS19-1.6 indicate that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Policy</p>

	<p>D1-8.13 dictates that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This policy also prohibits all sexual activity between inmates and may discipline inmates for such activity. Policy dictates a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>The PAQ indicated in the last 12 months, there have been 16 administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. The PAQ reported that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The facility reported they offer victim impact programming, mental health counseling, anger management and pathway to change to modify behaviors.</p> <p>The auditor interviewed the facility Warden who confirmed the disciplinary process for inmates accused of inmate-on-inmate abuse.</p> <p>The auditor interviewed mental health staff at the facility verifying what services are provided inmates to correct the underlying reasons or motivations for abuse. They also confirmed that inmates have to want to participate in services that are provided.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies D1-8.13 and IS11-32 indicate that if the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This policy requires that if the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p>

	<p>The agency PREA Risk Assessment Manual requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy IS11-32 dictates that medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</p> <p>The PAQ indicated that during the past 12 months 100 percent of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.</p> <p>The auditor was unable to interview inmates who disclosed sexual victimization during risk screening. During the onsite portion of the audit, there were no inmates currently housed at the facility. This information was confirmed through facility documentation, interviews with staff and inmates and direct observation.</p> <p>The auditor also interviewed staff responsible for risk screening who confirmed inmates are referred to mental health when the information is entered into their electronic tracking system.</p> <p>The auditor interviewed medical and mental health staff at the facility who confirmed they obtain informed consent from inmates.</p> <p>During the site review process the auditor observed the physical storage locations of sensitive information collected related to the PREA standards. Hard copy information is stored in locked offices and in locked filing cabinets where only authorized medical and mental health staff have access. All electronic records are stored securely and password protected.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility PAQ indicated that if no qualified medical or mental health practitioners are on duty at the time a report</p>

	<p>of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The PAQ indicated inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Agency policy D1-8.13 dictates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The auditor interviewed medical and mental health staff at the facility. Both medical and mental health staff reported that inmate victims of sexual abuse received timely unimpeded access to emergency medical treatment and crisis intervention treatment.</p> <p>The auditor interviewed 1 inmate who reported sexual abuse at the facility. The inmate reported that he met with mental health one day after the alleged incident occurred but he did not meet with medical staff at any time.</p> <p>The auditor interviewed multiple security staff who overwhelmingly were able to convey their part of the facility coordinated response plan when a sexual abuse incident occurs and no qualified medical or mental health staff were on duty at the time of the alleged abuse.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy D1-8.13 dictates facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The policy requires that all inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and treatment services are provided without financial cost to the inmate. The policy also dictates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The auditor interviewed medical/mental health staff who confirmed the evaluation</p>

	<p>and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health staff both reported that treatment services provided are consistent with community level care. Medical and mental health staff confirmed they attempt to conduct a mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of such abuse history.</p> <p>The auditor interviewed 1 inmate who reported sexual abuse in the facility. The inmate reported he was not aware or advised what follow-up or treatment services were available to him after the incident occurred. He was also not aware if he was given information related to tests for sexually transmitted diseases. He also reported he was not aware if he was required to pay for treatment services provided.</p> <p>During the site review process the auditor confirmed through observations and records provided that this was a male facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy D1-813 requires that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The policy requires the sexual abuse incident review team to consist of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Policy requires sexual abuse incident reviews to be completed ordinarily within 30 days of the conclusion of the investigation.</p> <p>The facility provided examples of completed sexual abuse incident reviews which they refer to as a debriefing.</p> <p>The PAQ indicated the facility implements the recommendations for improvement or documents its reasons for not doing so. The PAQ indicated over the past 12 months there have been 12 criminal/administrative investigations of alleged sexual abuse completed at the facility. The facility reported they have completed 12 sexual abuse incident reviews over the past 12 months as a result of those investigations.</p> <p>The auditor reviewed multiple additional examples of sexual abuse incident reviews associated with investigations. The auditor observed that incident reviews were conducted with input from upper-level management officials and they were</p>

	<p>completed within 30 days of the completion of the investigation.</p> <p>The auditor interviewed the facility Warden who confirmed the existence of a sexual abuse incident review team that included all required upper-level management officials and others involved with the incident. The Warden confirmed the review team considers (1) whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) assess the adequacy of staffing levels in that area during different shifts; (5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p>The auditor also interviewed the PREA compliance manager and an incident review team member who also confirmed all of the requirements of the incident review team provisions.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 dictates how agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The policy mandates the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The facility PAQ indicated the agency aggregates the incident-based sexual abuse data at least annually. The PAQ indicated the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PAQ indicated upon request, the agency has provided all such data from the previous calendar year to the Department of Justice no later than June 30. The facility PAQ indicated the agency does not contract for the confinement of its inmates.</p>

	<p>The facility provided a copy of the 2012 PREA Annual Report was reviewed by the auditor. The report illustrated that the agency aggregates incident-based sexual abuse data at least annually.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information provided in the PAQ indicated the agency reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>The most current annual report was provided through the PAQ. The 2021 annual report included a comparison of the current year's data and corrective actions with those from prior years and provided an assessment of the agency's progress in addressing sexual abuse. The PAQ also indicated the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The auditor interviewed the agency Director who stated the Department as a whole assesses and improves housing assignments, video monitoring and staffing levels. They provide additional training to staff. In the last 2 years, the PREA Unit representative speaks at every basic training course. The Director reported he reviews and approves the agency's annual report.</p> <p>The auditor interviewed the PREA Coordinator. He indicated all data from PREA investigations is collected and stored. That information is then used to complete the Annual Survey of Sexual Victimization. He indicated the facility provides much of the data and is a cooperative process between the facility and PREA coordinators office. He also reported the agency takes corrective action on an ongoing basis.</p> <p>The auditor interviewed the PREA Compliance Manager. He reported the facility reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.</p> <p>The auditor reviewed the agency annual report via the public website. The PAQ</p>

	<p>indicated the annual report is approved by the agency Director.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency retention schedule related to data collection and retention for PREA related investigations and statistical information outlines how the agency ensures that data collected pursuant to § 115.87 is securely retained. The schedule requires all sexual abuse data collected is maintained for at least 10 years after the date of initial collection.</p> <p>The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency remove all personal identifiers.</p> <p>The auditor interviewed the agency PREA Coordinator who stated the only sources of data is secured in the administration with event files, in IRIS, and Filebound which only investigations and facility administration has access to.</p> <p>During the course of the site review process the auditor observed physical storage locations of information that is documented and collected in hard copy format. All observed areas were locked in offices and double locked in filing cabinets to ensure the privacy and the safety of the information.</p> <p>The auditor reviewed the agency public website and confirmed through observation that the agency makes available aggregated sexual abuse data.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least</p>

	<p>once.</p> <p>The auditor reviewed the agency website which illustrated that each facility has been audited, specifically during the three-year audit cycle as required. The agency website also illustrated that at least one-third of each facility types operated by the agency has been audited.</p> <p>The auditor was provided full access to, and had the ability to observe all areas of the facility during the audit.</p> <p>The auditor was permitted to and received copies of any relevant documents (including electronically stored information) during the audit.</p> <p>The auditor was permitted to conduct private interviews with residents during the onsite portion of the audit.</p> <p>The auditor confirmed through photos of audit notices that the facility posted audit notices at least 6 weeks prior to the onsite portion of the audit. Physical notices of the audit were provided by the auditor and were posted in the most commonly spoken languages, English and Spanish.</p> <p>The auditor confirmed through inmate conversations the process of sending and receiving mail. The inmates indicated they could confidentially send correspondence to the auditor using regular mail procedures in advance of the audit.</p> <p>The auditor interviewed random inmates at the facility who confirmed they were aware of the PREA audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The agency has published on its agency website, all Final Audit Reports. The review period is for prior audits completed during the past three years preceding this audit.</p> <p>The auditor reviewed the agency website and confirmed the existence of all the final PREA audit reports completed within the last 3 years.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)			
	<table><tr><td data-bbox="316 174 1289 568">The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes
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PREA Facility Audit Report: Final

Name of Facility: Jefferson City Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/16/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Valerie Wolfe Mahfood	Date of Signature: 06/16/ 2023

AUDITOR INFORMATION	
Auditor name:	Mahfood, Valerie Wolfe
Email:	wolfemahfood@aol.com
Start Date of On-Site Audit:	04/29/2023
End Date of On-Site Audit:	05/01/2023

FACILITY INFORMATION	
Facility name:	Jefferson City Correctional Center
Facility physical address:	8200 No More Victims Road, Jefferson City, Missouri - 65101
Facility mailing address:	

Primary Contact	
Name:	Warden Doris Falkenrath
Email Address:	Doris.Falkenrath@doc.mo.gov
Telephone Number:	5737513224

Warden/Jail Administrator/Sheriff/Director	
Name:	Doris Falkenrath
Email Address:	Doris.Falkenrath@doc.mo.gov
Telephone Number:	5737513224

Facility PREA Compliance Manager	
Name:	Craig Crane
Email Address:	craig.crane@doc.mo.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Chelsie Stewman
Email Address:	Chelsie.Stewman@doc.mo.gov
Telephone Number:	5737513224

Facility Characteristics	
Designed facility capacity:	1797
Current population of facility:	1780
Average daily population for the past 12 months:	1775
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	18 to 82
Facility security levels/inmate custody levels:	Medium/Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	378
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	19
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	12

AGENCY INFORMATION

Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:

Name:	Anne L. Precythe
Email Address:	Anne.Precythe@doc.mo.gov
Telephone Number:	573-526-6607

Agency-Wide PREA Coordinator Information

Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

8

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.14 - Youthful inmates
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.31 - Employee training
- 115.32 - Volunteer and contractor training
- 115.51 - Inmate reporting
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.401 - Frequency and scope of audits

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-29
2. End date of the onsite portion of the audit:	2023-05-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1797
15. Average daily population for the past 12 months:	1775
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1781
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	10
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	00
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	9
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	30

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	30
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	15
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	00
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	00 = A running count of this category of inmate is not tracked within the facility.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	378
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	12

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	19
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	NA
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input checked="" type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
If "Other," describe:	Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst population.

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Housing rosters
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	21
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	4
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	8
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed facility documentation. Asked Random Staff if any inmates were ever placed in segregated housing for the risk of sexual victimization or for having alleged to have been a victim of sexual abuse. Asked Random and Targeted residents if inmates were ever placed in segregated housing for the risk of sexual victimization or for having alleged to have been a victim of sexual abuse.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Two (2) offenders refused the opportunity to interview.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
If "Other," describe:	Gender, race, ethnicity, languages spoken, or other distinguishing factors amongst staff relative to their employment
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	NA
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☒ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Grievance, Mailroom Staff, and contracted SAFE/SANE staff associated with local hospital
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	NA
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	NA
Documentation Sampling	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Additional document sampling was done both at random, as well as in coordination with comments received from inmates and staff during the interview process.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	20	20	0	0
Staff-on-inmate sexual abuse	1	1	0	0
Total	21	21	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	14	0	14	0
Staff-on-inmate sexual harassment	26	0	26	0
Total	40	0	40	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	5	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	5	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	16	1	8	1
Staff-on-inmate sexual harassment	13	3	8	1
Total	29	5	16	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

13

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

NA

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 MDOC PREA Organizational Chart, 10/22 JCCC Organizational Chart, 2023 <p>Interviews:</p> <ul style="list-style-type: none"> Agency Head

- Agency PREA Manager
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Agency PREA Manager, in conjunction with an Assistant PREA Coordinator and the , Jefferson City Correctional Center (JCCC) PREA Compliance Manager, oversees the JCCC PREA program.
- The JCCC PREA Compliance Manager is physically assigned to the JCCC and maintains a permanent office, with routine activities, within said institution as a function of staff assignment.

Standard Subsections:

(A) D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19, provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It outlines the agency's approach to preventing, detecting, and responding to such conduct. It also works to establish "the department's zero tolerance for offender sexual abuse and harassment and establishes strategies and responses to reduce and prevent offender sexual abuse and harassment" (D1-8.13).

(B) The agency has employed an agency-wide PREA Coordinator. This position is within the upper hierarchy of organizational authority within the MDOC. The PREA Coordinator's sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. In doing so, the PREA Coordinator is charged with the direct supervision of one Assistant PREA Coordinator. The PREA Coordinator, in coordination with the Assistant PREA Coordinator and facility wardens, oversee the implementation of PREA standards at the facility level.

(C) The State of Missouri operates numerous penal institutions. Each warden within said institution has been charged with designating a PREA Compliance Manager. The

	<p>JCCC Warden affirms designation of the JCCC PREA Compliance Manager to serve in this capacity. The JCCC PREA Compliance Manager further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure the agency operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated persons. As well, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. In addition to the overall agency policy, each facility, to include JCCC, has further developed its own coordinated response plan to effectively apply the agency's broad policy to the uniqueness of their individual units. Such forethought ensures that every facet of the agency's policy is included in the standard operating procedures unique to every institution. Additionally, though the standard requires the minimum staffing of one agency-wide PREA Coordinator with individual PREA Compliance Managers assigned to each facility, the State of Missouri has exceeded this requirement through the additional employment of an Assistant PREA Coordinator. The sole function of this assistant position is to better coordinate and advance the implementation of the PREA standards and policies so as to significantly increase the sexual safety of all incarcerated persons within the MDOC. As well, although the standard requires only one PREA Compliance Manager is assigned to each facility, the JCCC has exceeded that requirement by designating auxiliary staff to help facilitate the institution's PREA compliance program. As such, both the agency and the facility have clearly exceeded the basic requirements of this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 <p>Interviews:</p>

- Agency Contract Administrator
- Agency PREA Coordinator
- Random Staff Interviews

Site Review Observations:

- The JCCC is a publicly operated correctional facility through the Missouri Department of Corrections (MDOC).

Standard Subsections:

(A) The MDOC has a minimal number of contracts for the confinement of its inmates with other public and private agencies. Per the Agency Contract Administrator, these agreements all require that the contracted agency adopts and complies with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).

(B) Per the Agency Contract Administrator, these contracts also contain language requiring that the MDOC monitors PREA compliance of all contracted facilities, as well as provide relevant training on their responsibilities under MDOC's policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the MDOC PREA auditing schedule, all MDOC facilities, either privately or publicly owned, are routinely audited for their compliance with the PREA standards.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the Missouri Department of Corrections, complies with the PREA standards. In this, prior to engaging any contractual relationship with a public or private agency, the MDOC ensures that all agencies understand that it is their absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the MDOC, these agencies understand their continuing duty to remain in compliance with PREA standards. Lastly, these facilities are routinely

	audited on a rotating basis to encourage said compliance. Hence, the MDOC has met the established requirements under this standard.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC SOP20-1.1, Post Orders, 4-15-18 · JCCC Staffing Plan Evaluation, 3-18-22 · JCCC Master Post Staffing Plan, 2021 · JCCC Custody Roster, 2023 · JCCC PREA Annual Report, 2021 · JCCC Shift Summary, 3rd Shift, 4-18-23 · JCCC Shift Summary, Morning Watch, 4-18-23 · JCCC Shift Summary, 4-20-23 <p>Interviews:</p> <p>JCCC Facility Warden Agency PREA Coordinator JCCC PREA Compliance Manager Intermediate or Higher-Level Facility Staff Random Staff Random Inmates</p> <p>Site Review Observations:</p> <ul style="list-style-type: none"> · All inmate housing areas contain at least one security staff post that is continuously monitored

by staff. All areas of high inmate traffic are assigned permanent staffing positions while in

operation.

- During the site review, supervisory staff were observed making routine and frequent rounds

throughout the facility. All random staff interviewed did indicate that supervisory staff were

available to them as needed. Supervisory staff were observed conducting unannounced

rounds within the facility. As well, inmates interviewed did confirm their access to supervisory staff on a routine and regular basis via their unannounced rounds of inmate housing areas.

- While conducting supervisory rounds, ranking officials were routinely observed reviewing

required documentation completed by line staff as a function of their duty posts.

- During the on-site portion of the audit, area logbooks were inspected to ensure supervisory

staff were conducting, and properly documenting, their unannounced rounds.

- Area logbooks were also reviewed to ensure that opposite gender advisements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The JCCC has developed and documented an annual staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. As explicitly noted within the JCCC Staffing Plan, as well as confirmed via the JCCC warden, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. When present, the staffing plan would consider any findings of inadequacies made by federal investigative agencies, judicial, internal, or external oversight authorities. The JCCC Staffing Plan requires that the unit considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programing needs, applicable state and local laws, the prevalence of substantiated

and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. As noted by the facility warden, Unit Administration does consider the nature of the inmate population and current issues/trends within the inmate population when determining staffing levels. The JCCC staffing plan was predicated consistent with average daily number of inmates assigned to the JCCC.

(B) MDOC policy governs the minimum use of employee staffing (JCCC Staffing Plan). If unit staffing levels fall below these minimum requirements, MDOC policy further requires that facility staff properly document each occurrence. Within the past twelve months, the staffing levels of JCCC have not fallen below the required levels.

(C) The facility conducts an annual review of its staffing plan, with the last review being finalized on March 8, 2022, which is within the present calendar year. As evidenced via interviews with agency and facility staff, as well as documented as a function of the staffing plan review process, in completing the JCCC staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the JCCC PREA Compliance Manager, to develop the facility staffing plan in accordance with the 115.13(a). As well, PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan and the use of video monitoring technologies within the facility.

(D) The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (D1-8.13). Policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted (D1-8.13, JCCC SOP20-1.1). The timing of the site reviewed allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed area logbooks throughout the facility. Said documentation did reflect that supervisory staff were conducting unannounced rounds. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds and were available to line staff if needed. Staff also noted that it was a violation of policy to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random inmates, they consistently stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility and were accessible to inmates if needed. During the site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas; thus, further supporting the claim that

	<p>said staff are routinely present in inmate housing areas.</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the past 12 months, the JCCC has not deviated from its staffing plan. However, the agency does have a policy in place requiring all deviations of the staffing plan to be documented. To ensure that the sexual safety of inmates assigned to the JCCC is given sufficient weight in determining facility staffing needs, the JCCC staffing plan is reviewed annually in coordination with all JCCC PREA staffing components, to include the average number of inmates assigned to the facility. The last staffing plan review was conducted on March 8, 2022. Lastly, to ensure meaningful and effective correctional supervision, JCCC supervisors routinely conduct and document unannounced rounds. As such, the JCCC meets the requirements of this provision.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Offender Rulebook, 2019 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden · Random Staff

- Random/Targeted Inmates

Site Review Observations:

- While conducting the on-site review, the auditor did not observe any inmates who appeared
excessively youthful.
- In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less
than 18 years before the date of the on-site review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any
knowledge of any inmates assigned to the JCCC who were not at least 18 years of age.

Standard Subsections:

(A) Missouri statutes, as well as the MDOC policy (Offender Orientation Handbook, 2019), prohibits the placement of any inmate less than 18 years of age in a housing unit within sight or sound of any adult inmates. As well, adolescent offenders may not have any physical contact through the use of a shared dayroom or other common space, shower area, or sleeping quarters, with any adult inmate without direct supervision from correctional staff.

(B) As JCCC does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful inmates and adult inmates.

(C) As JCCC does not house any inmate less than 18 years of age, its unit administration has absolutely avoided placing any adolescent offenders in isolation in order prevent them from living within sight and sound of adult inmates. Hence, the JCCC has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

	<p>Reasoning & Findings Statement:</p> <p>This standard requires that the agency ensures sight and sound separation between adolescent offenders and adult inmates. Alternatively, the standard requires that there is direct staff supervision when adolescent offenders and adult inmates have the possibility of sight, sound, or physical contact. The MDOC mandates that without direct supervisor, adolescent offenders cannot be housed in a correctional facility where they have sight, sound, or physical contact with any adult inmate. As JCCC contains only adult housing units, JCCC is prohibited from receiving, and subsequently housing, adolescent offenders. As such, the facility has exceeded this standard by maintaining an absolute and constant sight, sound, and physical barrier between adolescent offenders and incarcerated adults.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS11-34.1, Health Assessment and/or Physical Examination at Reception, 7-17-21 · MDOC Training Academy Lesson Plan, May 2014 · JCCC SOP20-1.3, Searches, 4-20-22 · JCCC Documentation of Cross-Gender Search, 10-14-22 · IS6-1.3, Offender Personal Appearance and Grooming, 12-23-22 · JCCC Chronological Log, HU2, 3-13-23 · JCCC Chronological Log, HU2, 3-15-23 · <p>Interviews:</p>

JCCC PREA Compliance Manager
JCCC Facility Warden
Intermediate or Higher-Level Facility Staff
Random Staff
Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
Random Inmates

Site Review Observations:

- During the site review, staff were routinely observed making cross-gender announcements

when persons of the opposite gender entered inmate housing areas.
- Supervisory staff were observed conducting their routine security checks within inmate housing

areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and

scheduled rounds, were subsequently documented on the area logbooks.
- Privacy shields were in place inhibiting the view into all inmate restrooms.
- Privacy shields were in place and/or available in all medical examination rooms.
- Privacy screens were noted in all shower areas.

Standard Subsections:

(A) Policy (D1-8.13, SOP20-1.3) prohibits cross-gender unclothed or visual body cavity searches of inmates except in exigent circumstances or by medical practitioners. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all 41 inmates interviewed noted that they had not been, nor had they witnessed any other inmate being, stripped or body cavity searched by a security staff member of the opposite gender.

(B) The JCCC is a male facility. There are no biological females incarcerated at this facility.

(C) Policy (D1-8.13, SOP20-1.3) requires that all cross-gender unclothed and visual body cavity searches are documented. During the audit time frame, the facility has engaged in cross-gender unclothed searches as a result of exigent circumstances; namely, crisis response teams. In such instances, record reviews reflect that all such searches were properly documented. It should also be noted that all random staff interviewed understood that such action, while extremely unlikely, would require extensive justification.

(D) The JCCC does have policies (D1-8.13, SOP20-1.3) in place that allows inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing inmate buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Specifically, agency policy (D1-8.13) requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. The facility does follow policy in requiring that staff of the opposite gender announce their presence when entering an inmate housing area. All female Random Staff interviewed did confirm their adherence to said policy. As well, all other Random Staff confirmed this practice. However, during inmate interviews, a sufficient number of offenders stated that females do not announce their presence upon entering male housing areas. To ensure the practice is, in fact, occurring, supervisory staff conducted a series of staff training reminding staff of their duty to engage opposite gender announcements. As such, no further action is needed regarding such. During the facility site review, modesty barriers and curtains were in place throughout the facility to inhibit the viewing of inmates in a state of undress.

(E) MDOC policy (D1-8.13, SOP20-1.3) prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an inmate is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. Instead, staff noted to determine gender, if necessary, they would contact the medical department, their supervisor, or simply ask the inmate.

(F) Records reflect that JCCC security staff have been trained on proper policy specific to conducting cross-gender clothed searches and transgender clothed searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their receipt of said training within the last year, as well as their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate's genital status. MDOC procedures (D1-8.13) specify that "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." The MDOC Training Academy Lesson Plan

	<p>regarding offender searches, provides clear instructions on how staff will perform searches of any inmate, to include transgender inmates. Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the JCCC. As well, review of the facility training matrix onsite reflects that correctional staff assigned to the JCCC have been trained on how to conduct searches in a professional and least intrusive manner as possible.</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires that the agency place limits on cross-gender strip or cavity searches. The MDOC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender unclothed body or cavity searches, policy subsequently requires this search to be properly justified and documented. Agency security staff are trained on the proper procedures to conduct clothed searches on transgender and intersex inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. Agency policy also requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. As such, the JCCC has satisfied the requirements of this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Verbal Language Interpretation Services – Statewide, 8-28-22 · MDOC Sign Language Interpretation Services – Statewide, 8-28-22 · Offender Sexual Abuse and Harassment Training Acknowledgment Form, English · Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish

- Sexual Abuse and Harassment of Prisons Brochure, English
- Sexual Abuse and Harassment of Prisons Brochure, Russian
- Sexual Abuse and Harassment of Prisons Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisons Brochure, Spanish
- Sexual Abuse and Harassment of Prisons Brochure, Vietnamese
- Speaking Up – Transcript of (PREA) Video for Male Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- JCCC PREA – New Staff Member Training, 4-28-21
- JCCC PREA – New Staff Member Training, 6-4-21a
- JCCC PREA – New Staff Member Training, 6-4-21b

Interviews:

- Agency Head
- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates with Disabilities
- Inmates with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly
 announce inmate information, to include when female staff entered the housing area.

- Handicap accommodations were easily recognizable and accessible throughout the facility.

Handicap shower areas contained appropriate PREA modesty screens.

- PREA Notices, as well as other advisement notices, were posted in languages spoken by

significant portions of the inmate population; namely English and Spanish.

- Braille materials were available to assist inmates with impaired vision.

- Language line services were available for staff to communicate with inmates who do not speak

English or a language common to facility staff.

- Video technology services were available for American Sign Language assistance.

- Staff translators speaking a variety of languages were available.

- Mental Health/Medical Services were available to assist cognitively or other disabled inmates.

Standard Subsections:

(A) The MDOC has developed an agency wide policy (D1-8.13) to enhance PREA communication efforts with disabled inmates, such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; to provide said inmates with an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The video format includes closed caption. Written versions of the policy are available in braille for the visually impaired. The JCCC maintains a contract for translation and interpretation services to assist inmates who do not speak a language common to JCCC staff. In this, the language line services can also be used to translate PREA, as well other confidential information.

When interviewing random staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. When speaking with a LEP inmate, this person stated that their limited English proficiency had not

prevented them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were also interviewed. These inmates all stated that either MDOC has made accommodations for their disabilities or that their disabilities did not prevent them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational pamphlet is printed in two languages: English and Spanish. The PREA Offender Education Video can be seen by inmates in English and Spanish, along with being illustrated via closed captioning. As needed, per the JCCC PREA Compliance Manager, language line services can also be used to translate PREA information into other languages, including American Sign Language.

(C) The MDOC has developed agency-wide policies that prohibit the use of inmate interpreters or other types of inmate-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (D1-8.13). The agency has also developed agency wide policies to enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (D1-8.13); so as to provide said inmates with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of inmate interpreters or other types of inmate-based assistance. JCCC staff are aware of these agency policies and as affirmed during random staff interviews, do not utilize inmate interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard seeks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said inmates have equal access. The MDOC recognizes that need and has provided informational brochures in the most common spoken inmate languages; namely, English and Spanish. The JCCC maintains sufficient stocks of PREA informational brochures in both printed languages to ensure their availability should it be required. Additionally, the JCCC routinely stocks PREA informational brochures, as well as broadcasts PREA informational videos, in Spanish, the most commonly spoken language inside of JCCC outside of English. The PREA video also contains closed captioning for the deaf/hearing impaired. Staff have been trained, and are provided continuous refresher training, in the management of inmates with sensorial

	disabilities, as well as in cultural awareness. Lastly, it should be noted that at no time during the audit time frame has JCCC used inmate interpreters to help agency staff communicate with another inmate regarding security sensitive information. For these reasons, it is more than evident that the JCCC has exceeded the requirements of this standard.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D2-11.14, Annual Employment Requirements, 11-1-15 · D2-13.1, Volunteers and Reentry Partners, 7-10-21 · D2-2.2, Background Investigations, 12-12-15 · D2-2.23, Candidate Selection, 6-3-22 · MDOC Applicate Statement · JCCC New Hire Background Check, 10-9-19 · JCCC Birth Month Check, 10-9-19a · JCCC Birth Month Check, 10-9-19b · JCCC Birth Month Check, 10-9-19c · JCCC New Hire Reference Check, 9-24-19 · JCCC New Hire Reference Check, 9-18-19 · JCCC New Hire Reference Check, 9-16-19 · JCCC New Hire Reference Check, 10-15-19 <p>Interviews:</p> <ul style="list-style-type: none"> · Administrative (Human Resources) Staff

- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden

Site Review Observations:

- Review documentation of recently hired/promoted employee files
- Review of volunteer and contractor PREA Acknowledgement/Training forms
- Review of JCCC employee PREA training documents

Standard Subsections:

(A) The MDOC has developed agency wide policies (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with inmates, while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment or moral turpitude will be considered. According to Human Resource staff, prior to hiring any new employee, the MDOC Central Office will ensure that criminal background checks have been conducted on the prospective employee. As well, Human Resource staff ensure that all previous institutions of employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, unless it is prohibited by law, policy also requires that the JCCC cooperate with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

(B) MDOC policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the MDOC Human Resource representative, agency policy requires that Human Resource staff verify contractor employment history. In this, the facility conducts routine criminal background checks on contractors prior to employment and then at subsequent intervals as required by policy.

(C) Before hiring or promoting employees, policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires the agency to perform criminal background checks. Policy also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. In speaking with the JCCC Human Resource representative, agency policy requires Human Resource staff verify staff employment history. In this, the Central Office conducts routine criminal background checks on staff prior to employment and then at subsequent intervals as required by policy.

(D) Agency policy requires that prior to enlisting the services of any contractor who may have contact with inmates, the facility performs a criminal background record check on said contractors. In speaking with JCCC PREA Compliance Manager, it was noted that all contracted staff assigned to JCCC; namely medical and mental health Centurion employees, have had criminal background checks preformed on them prior to their being permitted on the facility.

(E) Once employed, agency policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires that criminal background checks are subsequently monitored for staff/contractor contact with law enforcement agencies. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(F) All applicants, employees, and contractors are required to disclose (during the application process) any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the MDOC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(G) Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination.

(H) Per JCCC Human Resource staff, agency policy allows that unless prohibited by

	<p>law, the MDOC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires the agency to consider the sexual safety of inmates in filling all contracted staff positions, as well as in all hiring and promotion decisions within the agency. The agency has numerous practices in place to ensure that end. PREA standards require staff and contractor background checks occur once every five years, Review of employee and contractor files reflect that the JCCC Human Resource Department is in compliance with that policy. As such, the JCCC clearly meets the requirements of this standard.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Head · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden <p>Site Review Observations:</p>

	<ul style="list-style-type: none"> Observed video monitoring technologies present within the facility. <p>Standard Subsections:</p> <p>(A) Per the JCCC Warden, the JCCC has not made a substantial expansion or modification of the existing facility within the audit time frame. However, in the event that such were to happen, the JCCC Warden noted that unit administration would consider the effect that the expansion would have on the facility's ability to protect inmates from sexual abuse. At the time of the expansion, were one to happen, the JCCC Warden noted that the design would also be discussed with both the JCCC PREA Compliance Manager and the agency's PREA Coordinator.</p> <p>(B) The JCCC has not installed or updated the video monitoring system or other monitoring technology since the last PREA audit.</p> <p>Reasoning & Findings Statement:</p> <p>Within the audit time frame, JCCC has not made any substantial expansion to its existing facilities. However, it was noted that should such occur, unit administration would consider the effect that an expansion would have on the facility's ability to protect inmates from sexual abuse. Also, prior to the expansion, the design would also be discussed with the JCCC PREA Compliance Manager and the agency's PREA Coordinator. Additionally, as a function of its annual staffing review, the JCCC does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the JCCC seeks to maximize the facility's ability to protect inmates from sexual abuse. As such, the JCCC has met the provisions of this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21
- D1-8.1, Office of Professional Standards, 7-1-17
- D1-8.4, Institutional Investigations, 10-24-21
- JCCC Investigation Totals, 2022-2023 Audit Year
- JCCC PREA Tracking Log, 2022

Interviews:

- Agency Head
- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Agency Investigative Staff
- Medical Staff
- Mental Health Staff

Site Review Observations:

- Reviewed completed PREA investigation files at JCCC.

Standard Subsections:

(A) Policy (D1-81.3, D1-8.8, D1-8.1, D1-8.4) requires that administrative or criminal investigations be completed for all allegations of sexual abuse and sexual harassment. Within the audit time frame, the JCCC has received a total of 61 sexual abuse and sexual harassment allegations. Thirteen of those investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed. Additionally, the auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made. At the time of the

audit, many of those cases had either been closed or pending disposition. As such, the agency does ensure that either a criminal or administrative investigation is completed for allegations of sexual abuse and sexual harassment.

(B) The JCCC refers all allegations of sexual abuse to PREA Unit or Site Investigators. When investigations are escalated to a criminal level, they are referred to a local law enforcement agency with legal authority to conduct criminal investigations. All referrals to law enforcement are documented by the facility. The MDOC has published relevant information to the PREA program, as well as the investigation process, on the agency website.

(C) In accordance policy (D1-8.13) the PREA Unit Investigators “shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.”

(D) The agency is responsible for conducting administrative and criminal investigations of alleged sexual abuse (D1-8.13, D1-8.8, D1-8.1, D1-8.4).

(E) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that referrals of sexual abuse and sexual harassment allegations are made for further investigation to proper law enforcement agencies. The MDOC does have appropriate policies in place mandating referrals of said allegations. In interviewing PREA Unit and Onsite JCCC Investigative staff, it is clear said staff refer all required investigations to local law enforcement agencies as required by policy. In doing so, MDOC policy requests that all outside local law enforcement agencies conduct their investigations in accordance to the requirements of the PREA Standards. JCCC investigative staff provided sufficient documentation to evidence the facility’s adherence to agency protocol. As such, the JCCC complies in all material ways with this standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21
- D1-8.1, Office of Professional Standards, 7-1-17
- D1-8.4, Institutional Investigations, 10-24-21
- JCCC Investigation Totals, 2022-2023 Audit Year
- JCCC PREA Tracking Log, 2022

Interviews:

- Agency Head
- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Agency Investigative Staff
- Medical Staff
- Mental Health Staff

Site Review Observations:

- Reviewed completed PREA investigation files at JCCC.

Standard Subsections:

(A) Policy (D1-81.3, D1-8.8, D1-8.1, D1-8.4) requires that administrative or criminal investigations be completed for all allegations of sexual abuse and sexual harassment. Within the audit time frame, the JCCC has received a total of 44 criminal investigations and 119 administrative investigations. Thirteen of those investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed. Additionally, the auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made. At the time of the audit, many of those cases had either been closed or pending disposition. As such, the agency does ensure that either a criminal or administrative investigation is completed for allegations of sexual abuse and sexual harassment.

(B) The JCCC refers all allegations of sexual abuse to PREA Unit or Site Investigators. When investigations are escalated to a criminal level, they are referred to a local law enforcement agency with legal authority to conduct criminal investigations. All referrals to law enforcement are documented by the facility. The MDOC has published relevant information to the PREA program, as well as the investigation process, on the agency website.

(C) In accordance policy (D1-8.13) the PREA Unit Investigators "shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website."

(D) The agency is responsible for conducting administrative and criminal investigations of alleged sexual abuse (D1-8.13, D1-8.8, D1-8.1, D1-8.4).

(E) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that referrals of sexual abuse and sexual harassment allegations are made for further investigation to proper law enforcement agencies. The MDOC does have appropriate policies in place mandating referrals of said allegations. In interviewing PREA Unit and Onsite JCCC Investigative staff, it is clear said staff refer all required investigations to local law enforcement agencies as required by policy. In doing so, MDOC policy requests that all outside local law enforcement agencies conduct their investigations in accordance to the requirements of the PREA Standards. JCCC investigative staff provided sufficient documentation to

	evidence the facility’s adherence to agency protocol. As such, the JCCC complies in all material ways with this standard for the relevant review period.
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115.31	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS5-3.3 Transgender and Intersex Offenders, 7-6-19 · MDOC Basic PREA Training Lesson Plan, 11/13 · JCCC PREA Basic Training Acknowledgement, 2-2-23 · JCCC PREA Basic Training Acknowledgement, 2-23-23 · JCCC Monthly PREA Refresher Training <p>Interviews:</p> <ul style="list-style-type: none"> · JCCC PREA Compliance Manager · JCCC Facility Warden · Administrative (Human Resources Staff) · Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> · During staff interviews, all random staff were asked if, and when, they had received their required PREA training. These random employee responses were subsequently matched against the current JCCC PREA Staff Training Matrix to ensure the validity of said responses.

Standard Subsections:

(A) Policy (D1-8.13) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. The Prison Rape Elimination Act training is a comprehensive analysis of state laws and PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as a discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. A review of training documentation reflects that employees are also informed that inmates have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

(B) The training curriculum review demonstrates that the material is appropriate for the gender of inmates at the employees' facility. As well, agency policy (D1-8.13) requires that all employees receive training specific to the gender of inmates assigned to the employee's unit of assignment.

(C) A review of completed JCCC PREA Training records reflect that employees have received their initial PREA training. Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training. As well, staff at the JCCC receive monthly email reminders of PREA training topics. A review of the JCCC PREA Training records reflects continuing training schedules have all been maintained.

(D) All training is documented upon completion of the MDOC PREA training curriculum.

Reasoning & Findings Statement:

This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. JCCC maintains

	<p>compliance with those imperatives. All training is documented upon completion, with JCCC maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. While this standard requires employees to be given PREA refresher training at least once every two years, the JCCC provides this training on an annual basis. Additionally, the JCCC sends monthly emails to all staff discussing various PREA topics. As such, JCCC has exceeded the requirements of this provision.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Brochure for Volunteers and Contractors · MDOC Partners in Corrections, PREA VILT, 11/20 · MDOC Volunteers in Corrections Lesson Plan, 12-30-11 <p>Interviews:</p> <ul style="list-style-type: none"> · JCCC PREA Compliance Manager · JCCC Facility Warden · Administrative (Human Resources Staff) · Medical Staff · Mental Health Staff · Contractors Who May Have Contact with Inmates · Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Review of volunteer/contractor PREA training forms.

Standard Subsections:

(A) Policy (D1-8.13) requires that "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training." Per the JCCC PCM, 100% of those persons have received appropriate PREA training dependent on their level of contact with inmates within the facility.

(B) During the onsite audit, both volunteers and contract workers were interviewed. When interviewed, these persons all stated that they had been made aware of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member.

(C) Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. Per agency policy, volunteers and contractors also receive refresher training every year. The JCCC maintains a copy of all training files belonging to both volunteers and contractors. Volunteer/Contractor files were reviewed as part of the auditing process and found to be within compliance.

Reasoning & Findings Statement:

The agency requires all volunteers and contractors to receive formal training regarding sexual abuse and sexual harassment in a confinement setting, to include the agency's zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency's zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. As with employee training, the JCCC has ensured both volunteers and contractors

	conducting business within the facility have received and subsequently documented their initial PREA trainings. In excess of the PREA standards, the MDOC also requires that volunteers and contractors receive subsequent PREA training in yearly intervals. In speaking with volunteers and contracted personnel, it was clear they understood the professional boundaries between themselves and the inmates assigned to the institution. As such, the JCCC has exceeded the provisions of this standard.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Verbal Language Interpretation Services – Statewide, 8-28-22 · MDOC Sign Language Interpretation Services – Statewide, 8-28-22 · MDOC Offender Rule Book, 2019 · Offender Sexual Abuse and Harassment Training Acknowledgment Form, English · Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish · Sexual Abuse and Harassment of Prisoners Brochure, English · Sexual Abuse and Harassment of Prisoners Brochure, Russian · Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese · Sexual Abuse and Harassment of Prisoners Brochure, Spanish · Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese · Sexual Abuse and Harassment of Prisoners Brochure, Large Print · “Speaking Up” Transcript of Video for Male Offenders · JCCC Offender Sexual Abuse and Harassment Training Acknowledgement Form, 3-21-23a · JCCC Offender Sexual Abuse and Harassment Training Acknowledgement Form, 3-21-23b

- JCCC Offender Sexual Abuse and Harassment Training Acknowledgement Form, 3-21-23c
- JCCC Offender Sexual Abuse and Harassment Training Acknowledgement Form, 3-21-23d
- JCCC Institutional Transfer History Inquiry, 3-20-23a
- JCCC Institutional Transfer History Inquiry, 3-30-23b
- JCCC Institutional Transfer History Inquiry, 3-30-23c
- JCCC Reception and Orientation Completion Form; 3-23-23a
- JCCC Reception and Orientation Completion Form; 3-23-23b
- JCCC Reception and Orientation Completion Form, 3-23-23c
- JCCC Reception and Orientation Completion Form; 3-29-23a
- JCCC Reception and Orientation Completion Form; 3-29-23b
- JCCC Reception and Orientation Completion Form; 3-29-23c
- JCCC Reception and Orientation Completion Form; 3-29-23d
- JCCC Reception and Orientation Completion Form; 3-29-23e

Interviews:

- JCCC PREA Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Random Inmates

Site Review Observations:

- Observed the inmate reception area.
- Observed PREA Risk Screening Process.

- Observed PREA informational postings in Inmate Housing, Education, Library, Law Library,
and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within
the Library and Law Library areas.
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- MDOC PREA Sexual Abuse Awareness Poster, English
- MDOC PREA Sexual Abuse Awareness Poster, Spanish
- MDOC Notice of Cross-Gender Viewing Poster, English
- MDOC Notice of Cross-Gender Viewing Poster, Spanish

Standard Subsections:

(A) Procedure (D1-8.13) requires that upon receipt into the facility, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the audit time frame, the JCCC has received 621 inmates during the Intake process. Of those inmates, 100% were provided the initial PREA screening and information.

(B) As noted by Intake staff, inmates are immediately provided a brief summary of the PREA standards upon their initial arrival to the facility. Inmates are then provided a more comprehensive training detailing key points of the process within thirty days of intake. Every inmate transferring into JCCC, regardless of how long the inmate has been incarcerated within MDOC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response. Within the audit time frame, JCCC has received 621 inmates whose stay at the facility was 30 days or more. Per the JCCC PCM, due to slight oversight by staff, a few of these offenders did not receive a more comprehensive training within the first 30 days of their assignment to JCCC. However, this oversight was discovered during an internal compliance audit and corrective action has already been taken. Hence, of those 621 inmates, 100% have now received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incident and on agency policies and procedures for responding to such incidents within 30 days of intake.

(C) Per the JCCC PREA Compliance Manager, all inmates who are incarcerated within the JCCC are required to watch the Inmate PREA training video, Speaking Up, as a component of comprehensive PREA training. Upon any transfer to another facility within the MDOC, inmates are again required to watch the PREA orientation video as part of that facility's orientation program. The MDOC, despite having largely consistent policies across its system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer (D1-8.13). According to the agency's PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization. During PREA training, each facility also provides local rape crisis center information, as well as identifying the facility PREA point person.

(D) All PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the MDOC, and more specifically, the JCCC. PREA brochures and informational posters are provided in both English and Spanish, the most common language other than English spoken within the JCCC. The PREA brochure is also available in Russian, Simplified Chinese, and Vietnamese. The PREA video contains closed captioning for the hearing impaired. Staff translators, or translation services, are available for inmates who do not speak English. Sign Language assistance, large print, and braille are also available. Lastly, it should be noted that per policy (D1-8.13), the agency will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, to ensure said inmates have equal opportunity to benefit from the PREA provisions. Also, in accordance with policy, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders" (D1-8.13).

(E) In accordance with policy (D1-8.13), at Intake, inmates are provided with a PREA overview. Within 30 days of Intake, inmates are then provided with a complete and comprehensive in-person facility orientation, to include PREA training. The information received is documented on the JCCC Reception and Orientation Completion Form, which is then acknowledged via signature by the inmate receiving training and by the staff members witnessing the inmate's signature.

(F) Inmates are provided copies of the MDOC Sexual Abuse and Harassment of Prisoners Brochure for inmates (available in English, Russian, Simplified Chinese,

	<p>Spanish, and Vietnamese). This material, as well as a wealth of other PREA related information, is continuously available within the facility's Law Library. It is also continuously available via each inmate's tablet. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that inmates are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. JCCC provides each inmate with initial and subsequent PREA screening for indicators of sexual victimization. As well, JCCC provides the required initial and subsequent PREA informational trainings. In speaking with inmates assigned to the JCCC, said inmates stated that they were aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the JCCC has met the expectations of compliance with the standards related to this provision.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-18 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 11-19-18 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-18-13 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-23-19

- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 4-23-19

Interviews:

- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Administrative (Human Resources Staff)
- JCCC Investigative Staff

Site Review Observations:

- Reviewed agency training records documenting investigative training curriculums

Standard Subsections:

(A) Per policy (D1-8.13), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(B) Per policy (D1-8.13), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided

	<p>additional documentation to support facility compliance.</p> <p>(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. A review of training records confirms that such documentation is maintained within agency files for all investigators currently utilized within the JCCC.</p> <p>(D) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The MDOC investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. JCCC investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that JCCC staff have received specialized training in excess of the generalized training provided to all staff. As such, the JCCC has met the requirements of this standard.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 • MDOC Memo, SANE Exams, 3-30-23 • JCCC Medical New Hire Orientation, 2-9-23 • JCCC Medical New Hire Orientation, 11-17-22 • JCCC Medical New Hire Orientation, 11-2-22

- JCCC Medical New Hire Orientation, 9-21-22
- JCCC Medical New Hire Orientation, 2-6-20
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Interviews:

- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- SANE/SAFE Contracted Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

(A) The JCCC provides medical and mental health services to incarcerated persons assigned to its facility. Policy (D1-8.13) requires that in addition to the generalized training provided to all staff, all full and part-time medical and mental health staff shall receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct. Interviews with Human Resource staff, JCCC medical/mental health staff, as well as with the contracted SAFE/SANE Coordinator assigned to coordinate forensic medical services with the JCCC, all confirm that staff have received trainings as required. Per the JCCC Medical and Mental Health staff administrators, 100% of all medical/mental health staff have participated in initial and/or continuing training requirements.

	<p>(B) In accordance agency policy and verified through interviews with JCCC medical/ mental health staff, Centurion medical staff may perform forensic medical examinations if they are qualified to do so. If there is a need for a forensic medical examiner, the offender will either be examined at the facility by a qualified SANE/ SAFE nurse or be taken to the local area hospital; namely, University of Missouri Hospital, for said examination.</p> <p>(C) A review of training records reflects that 100% of current Medical and Mental Health staff assigned to the JCCC have received specialized training appropriate for their professional roles.</p> <p>(D) As well, dependent on their professional role, a review of training records reflects that medical and mental health staff have also received the generalize PREA training provided to all other vendors, volunteers, and contractors working within a correctional setting.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that medical and mental health staff have received specialized training in medical and mental health services provided to victims of sexual abuse and sexual harassment. The MDOC has policies in place to ensure all JCCC medical and mental health staff are furnished this training. JCCC medical and mental health administration confirmed that staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. Also, contracted SAFE/SANE staff confirm that all persons conducting forensic medical exams are properly certified to perform said exams. As such, the JCCC meets the requirements of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- IS5-2.3, Offender Internal Classification, 7-30-15
- JCCC PREA Screener Spreadsheet, 2022
- JCCC Adult Internal Risk Assessment Raining Manual, Excerpt
- JCCC Adult Internal Risk Assessment, Initial, 8-29-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 9-13-23
- JCCC Adult Internal Risk Assessment, Initial, 8-2-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 8-26-19
- JCCC Adult Internal Risk Assessment, Initial, 7-11-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 8-7-19
- JCCC Adult Internal Risk Assessment, Initial, 6-28-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 7-17-19
- JCCC Adult Internal Risk Assessment, Initial, 6-6-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 7-1-19
- JCCC Adult Internal Risk Assessment, Initial, 5-30-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 6-14-19
- JCCC Adult Internal Risk Assessment, Initial, 3-7-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 4-2-19
- JCCC Adult Internal Risk Assessment, Initial, 2-27-19a
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 3-22-19a
- JCCC Adult Internal Risk Assessment, Initial, 2-27-19b
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 3-22-19b
- JCCC Adult Internal Risk Assessment, Initial, 2-7-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 3-7-19
- JCCC Adult Internal Risk Assessment, Initial, 1-10-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 1-31-19
- JCCC Adult Internal Risk Assessment, Initial, 12-28-18

- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 1-18-19
- JCCC Adult Internal Risk Assessment, Initial,
- JCCC Adult Internal Risk Assessment, 30 Day Assessment,
- JCCC Adult Internal Risk Assessment, Initial, 12-6-18
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 1-3-19

Interviews:

- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Random Inmates

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files for risk assessment information

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3) requires that all inmates be assessed for risk of sexual

victimization or abusiveness upon arrival of intake and upon transfer to another institution. JCCC Intake staff affirm the facility's adherence to agency policy. Specifically, all inmates received into the agency, as well as the facility, are screened for sexual victimization and/or sexually abusive risk factors within 72 hours of receipt into the agency or facility. A demonstration of the screening process was observed by the auditor while at the facility. As well, Intake staff explained the facility reception, PREA awareness information, and risk assessment process in great detail.

(B) Policy (D1-8.13, IS5-2.3) requires that the screenings should occur within 72 hours after arrival. In speaking with JCCC Intake staff, it was noted that said screenings take place immediately upon each inmate's arrival to the facility. Per the JCCC PREA Compliance Manager, in accordance with agency policy, of the 621 inmates entering the facility (either through intake or transfer) within the audit time frame whose length of stay in the facility was for 72 hours or more, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.

(C) The PREA screening assessment is conducted using an objective screening instrument. A review of the survey provided to inmates does not present itself with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the intake screening demonstration that was observed by the auditor. At intake, to determine an inmate's risk of sexual victimization, as well as an inmate's risk of sexual abusiveness, the inmate is asked a series of questions. To determine an inmate's risk of sexual abusiveness, as well as an inmate's risk of sexual abusiveness, the inmate is again questioned using this objective screening instrument.

(D) The PREA assessment process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Inmates are then asked if others perceive them as the same. Risk screeners are allowed to enter their subjective perception of the inmate's gender expression, as well as any additional information regarding the inmate's sexual safety. During inmate interviews, most inmates stated that they had, in fact, been asked the

aforementioned questions upon their receipt into the JCCC. Of these, a significant number of inmates interviewed also affirmed that staff later asked them the same, or similar questions related to their sexual safety. There was, however, a significant number of inmates who stated that they were not asked any screening questions. To ensure the screening process was, in fact, occurring as required, the Adult Internal Risk Assessments were reviewed for these specific offenders. At that time, it was noted that all said offenders had, in fact, been asked the screening questions on the Adult Internal Risk Assessment.

(E) In assessing inmates for their risk of being sexually abusive, the PREA assessment form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a risk screening demonstration, the auditor also reviewed several PREA assessment forms. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that the Intake staff confirmed that inmates may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy (D1-8.13, IS5-2.3) requires that within 30 days of the inmate's arrival within the MDOC, or at a facility, the inmate will be reassessed using the Department's sexual victimization/abusiveness screening tool. Within the audit time frame, 100% of the 621 inmates with a length of stay in the JCCC for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the JCCC. In speaking with JCCC PCM, it was noted that during an internal audit, facility staff found some incoming offenders who were unable to be reassessed within the 30-day time frame due medical outcounts and staff oversight. Corrective action had already been taken to address this oversight. As well, all affected offenders had since been reassessed as required. As such, no further action is needed.

(G) Policy (D1-8.13) allows that "the offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." Both the JCCC PREA Compliance Manager and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required.

(H) Policy (D1-8.13) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Assessment Form. When interviewed, Intake and the

	<p>PREA Compliance Manager affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the Adult Internal Risk Assessment Form. As well, inmate interviews confirmed that said population was aware of their right not to answer related questions. None of the inmates interviewed stated that they had received any disciplinary sanctions for ever having failed or refused to answer intake/screening questions.</p> <p>(I) Policy (D1-8.13, IS5-2.3) requires that PREA screenings are confidential in nature. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to PREA assessment forms, that facility staff must restrict the spread of information obtained as a function of PREA assessment forms to only those designated staff members with an operational need for said information to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The PREA Compliance Manager, Unit Managers, and other operative staff associated with PREA assessment forms affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA assessment forms did require authorized credentials to access said documents within the MDOC electronic data base.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for objective Adult Internal Risk Assessments, which are administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in inmates' risk status. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the JCCC. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering Adult Internal Risk Assessments Forms affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the JCCC has satisfied the requirements of this standard.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- IS5-2.3, Offender Internal Classification, 7-30-15
- IS18-1.1, Required Activities, 8-28-14
- IS5-3.1, Offender Housing Assignments, 2-9-19
- JCCC Transgender Committee Review, 11-22-22

Interviews:

- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files
- Observed inmate housing and work assignments

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that the agency use information from the PREA assessment form to help separate inmates with a high risk of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA assessment form is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake, Classification, and the PREA Compliance Manager, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. Facility documentation reflects this is an institutionalized process.

(B) Policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the PREA Coordinator, the JCCC PREA Compliance Manager, and the JCCC Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. In speaking with inmates currently assigned to the JCCC, most stated that their own opinions regarding their personal safety are considered by JCCC staff when providing housing or job assignments. Inmates further stated that if their concerns for their own safety changed, many believed that most JCCC staff would take their concerns seriously.

(C) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, agency policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex inmate to a specific housing or program assignment, agency policy (D1-8.13) dictates that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator, the JCCC PREA Compliance Manager, and the JCCC Warden, staff affirmed that an inmate's genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.

(D) Agency policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at

least every six months to examine any possible safety concerns expressed by the inmate. When interviewed, JCCC Unit Management staff did affirm the facility's compliance with this policy. As well, along with routine informal safety checks by the JCCC PREA Compliance Manager and housing staff, all transgender inmates confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed every six months.

(E) Agency policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. When interviewed, JCCC staff and the JCCC PREA Compliance Manager affirmed that the facility strictly adheres to this policy. Additionally, during both random and targeted interviews with inmates, most stated that they believed JCCC staff would consider their own views with respect to their own safety.

(F) Policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. In speaking with JCCC random staff, the existence of alternative safety and modesty measures for transgender and intersex inmates was affirmed. Specifically, JCCC correctional staff stated that upon notification from a transgender inmate, staff provide said offenders with an additional shower curtain to use during their shower times. This is done, despite all showers being single person, to ensure transgender inmates are provided privacy in showering. In interviewing transgender inmates, all such inmates were aware of their right to shower separately, and with additional modesty barriers, from the general inmate population.

(G) There aren't any correctional facilities within the MDOC subject to consent decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex inmates. As such, policy (D1-8.13) expressly states that LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification. In speaking with the PREA Coordinator, the JCCC PREA Compliance Manager, and the JCCC Warden, said staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of transgender, gay, and bisexual inmates, none stated that they had ever been housed in a facility, or in a specific housing unit within the JCCC, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all such staff affirmed that the JCCC does not house transgender, intersex, gay, or bisexual inmates in any specific areas based solely on their gender identity or sexual orientation.

	<p>Reasoning & Findings Statement:</p> <p>This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The MDOC has numerous policies in place to ensure the most effective and secure use of the PREA assessment form. Inmates deemed to be at high risk are routinely monitored by the PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the JCCC PREA Compliance Manager reflect that facility staff have discretion in managing the safety of individual inmates. The JCCC PREA Compliance Manager, as well as all other JCCC staff, affirm their adherence to agency policies and also confirm that the inmate's own views regarding her safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted additional modesty barriers to use within the single person showers to prevent other offenders from being able to view transgender inmates during shower times. Additionally, transgender inmates are reviewed every six months specific to their placement and programming assignments. As such, agency policy meets, and JCCC adheres to, the requirements of this standard.</p>
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115.43 Protective Custody	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation

- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmate Interviews
- Targeted Inmate Interviews

Site Review Observations:

- Observed Involuntary Segregated Housing Unit

Standard Subsections:

(A) Policy (D1-8.13) mandates that “following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.” In speaking with the JCCC PREA Compliance Manager and the JCCC Warden, staff confirm that there have not been any inmates placed in the involuntary segregated housing during the audit time frame. As well, inmate interviews did not suggest that JCCC utilizes any form of involuntary segregated housing as a primary means of separation for investigatory purposes. As such, there was not any relevant documentation to review.

(B) In speaking with the JCCC PREA Compliance Manager and JCCC Warden, it was noted that the JCCC has not placed any inmate into involuntary segregated housing for fear of sexual abuse. However, it was further noted that should such an incident ever arise, all efforts would be made to restrict the inmate’s access to programs, privileges, education, and work opportunities only to the least extent possible. Specifically, efforts would be made to ensure such inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as inmates assigned to the general population. If the facility were to restrict access to programs, privileges, education, or work opportunities, the facility would properly document this restriction. As a function of this documentation, staff would further document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation.

(C) Policy (D1-8.13) mandates that the placement of inmates in involuntary segregation for high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but will not ordinarily exceed 30 days. In speaking with the JCCC PREA Compliance Manager and the JCCC Warden, staff confirmed that there have not been any inmates placed in the involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

(D) Policy (D1-8.13) requires that upon placement of an inmate into involuntary segregation, the facility must clearly document the basis of the facility's concern for the inmate's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. In speaking with the JCCC PREA Compliance Manager and the JCCC Warden, staff confirmed that there have not been any inmates placed involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

(E) Policy (D1-8.13) requires that an inmate placed in involuntary segregation due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the JCCC PREA Compliance Manager and the JCCC Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

Reasoning & Findings Statement:

This standard works to ensure that the use of involuntary segregated housing is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the JCCC PREA Compliance Manager and the JCCC Warden, staff confirmed that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review. Correctional staff routinely assigned to work within Segregated Housing were interviewed. While these staff confirmed that inmates assigned to involuntary segregation for high risk of sexual victimization would be afforded similar activities as inmates within general population, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. As such, the JCCC has satisfied all component parts of this

	standard and found to have met its provisions.
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115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Offender Rule Book, 2019 · Offender Sexual Abuse and Harassment Training Acknowledgment Form, English · Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish · Sexual Abuse and Harassment of Prisoners Brochure, English · Sexual Abuse and Harassment of Prisoners Brochure, Russian · Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese · Sexual Abuse and Harassment of Prisoners Brochure, Spanish · Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese · Sexual Abuse and Harassment of Prisoners Brochure, Large Print · “Speaking Up” Transcript of Video for Male Offenders · MOU between MDOC and Missouri Department of Public Safety, 8-1-13 · JCCC Organizational Chart, 2023 · JCCC PREA Unit Case File, 11-30-22 · JCCC PREA Allegation Notification Checklist – Institution, 10-28-22 · JCCC Request for Investigation, 10-28-22 · JCCC Suspicious Activity Report, 10-26-22 · JCCC MULES 5, 10-25-22 · JCCC PREA Allegation Notification Checklist – Institution, 12-21-22

- JCCC Memo, Alleged PREA Allegation, 12-21-22
- JCCC Anonymous Letter, 12-21-22
- JCCC Referral and Screening Note – Mental Health/Medical Service, 12-21-22

Interviews:

- Agency Head
- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Reviewed facility-based documentation related to inmate reports of sexual abuse and sexual harassment, to include documented offender grievances.
- Reviewed documentation related to third-party reports of alleged sexual abuse and sexual harassment
- Tested the PREA Hotline phone number referenced by offenders
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- Observed a PREA Risk Screening assessments
- Observed multiple informational posters throughout the facility advising inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed PREA informational video discussing various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for

inmate use within the facility Law Library

- Observed numerous PREA educational and reporting references available for inmate use on inmate tablets

Standard Subsections:

(A) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk screening and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within thirty days of their receipt into the facility. This orientation includes detailed training on the MDOC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with an MDOC Offender Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. Reports can be made in-person, verbally over the phone, in writing (electronically and in print), third party, as well as anonymously. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, all inmates were able to articulate at least one manner by which a report could be made.

(a) As noted in policy (D1-8.13), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided the contact information to the Statewide PREA Reporting Line. This contact information is also readily available for the families of inmates during onsite visitation, as well as publicly posted on the agency's website. Inmates are provided phone numbers to the PREA Hotline, which is an outside agency hot line (Department of Public Safety) and an Internal TIPS hotline. These calls are confidential and without cost to the inmate. Inmates are provided information on reporting incidents directly to facility staff, such as the facility institutional investigator, warden, or grievance coordinator. Lastly, it should be noted that the MDOC does not detain inmates solely for civil immigration purposes.

(B) Per policy (D1-8.13), random staff affirmed that they would accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner that they became of that information. In doing so, many staff stated that they would document all such reports as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. Most inmates interviewed stated that they believed JCCC staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

(C) Per policy (D1-8.13), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, staff may still privately report sexual misconduct by speaking with supervisory staff or by calling an anonymous tip line for staff. When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment through either through this method or with alternative methods of reporting.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents can report all instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All inmates understood their right to make verbal and written complaints. Most inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the JCCC has exceeded the requirements of this this standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · SOPD5-3.2, Offender Grievance, 12-29-22 · JCCC Memo, Sexual Abuse Grievances, 3-30-23 <p>Interviews:</p> <ul style="list-style-type: none"> · JCCC Facility Warden · JCCC PREA Compliance Manager · JCCC Grievance Staff · Investigative Staff · Random Inmates · Inmates Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Reviewed eleven inmate grievances received by Grievance Staff/Institution Investigator <p>Standard Subsections:</p> <p>(A) The MDOC has administrative procedures to address inmate grievances regarding sexual abuse.</p>

(B) Policy (D1-8.13, SOPD5-3.2) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. There is no time limit for inmates to file such grievances. Per the JCCC PCM, when filing complaints of sexual abuse or sexual harassment, offenders are not required to use the informal grievance process or attempt to resolve the allegations with staff prior to filing a formal complaint.

(C) In accordance to agency policy, grievances involving allegations of sexual abuse or sexual harassment shall not be referred to the staff member who is the subject of said complaint. (D1-8.13, SOPD5-3.2). Offender are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. As well, any such investigation will not be referred to the staff member who is the subject of the complaint.

(D) Policy (SOPD5-3.2) requires that a final decision on all allegations of sexual abuse shall be issued by the institutional investigator within sixty (60) calendar days of the initial filing. If sixty (60) calendar days is not sufficient to make an appropriate decision, the institutional investigator may extend the decision up to seventy (70) calendar days (SOPD5-3.2). The inmate shall be notified in writing of such extension.

(E) Policy (SOPD5-3.2) allows a third party to file a complaint on behalf of an inmate. The facility may require, as a condition of processing the complaint that the alleged victim agree to have the complaint filed on his or her behalf. Per the PREA Compliance Manager, if an inmate did not wish to pursue a grievance filed on her behalf, that refusal would be documented. During the audit time frame, the JCCC did not receive any third-party grievances filed on behalf of inmates.

(F) Policy (SOPD5-3.2) allows inmates to file emergency grievances if they believe they are subject to a substantial risk of imminent sexual abuse. Upon receipt, staff "shall prepare an initial response which shall be attached to the grievance and provided to the offender within 48 hours of receipt of the initial filing date" (SOPD5-3.2). During the audit time frame, JCCC received fourteen (14) grievances regarding allegations of sexual abuse and sexual harassment. These grievances were processed in accordance to policy.

(G) Policy (SOPD5-3.2) notes that "No reprisals shall be taken against an offender for use of, or participation in, the offender grievance procedure." However, it should further be noted that "offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal." As such, per the JCCC PCM, offenders may only be disciplined

	<p>if it is determined that the offender filed a PREA report in bad faith, i.e., knowingly filed a false report.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. For litigation purposes; namely, the Prison Litigation Reform Act, any documented complaint made by or confirmed by the inmate serves to exhaust administrative remedies. Policy permits inmates to submit grievances alleging sexual abuse and sexual harassment. There is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse. As well, inmates are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. Policy allows sixty (60) calendar days from the initial filing to provide a disposition. During the audit time frame, JCCC received fourteen (14) grievances regarding allegations of sexual abuse and sexual harassment. These grievances were all processed in accordance to agency policy, without requesting an extension on any of them. As such, the JCCC has clearly met all components of this standard.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Advocacy Notice · MDOC Advocacy Notice, Segregation · JCCC Cole County Rape and Abuse Crisis Services, Contact Memo, 4-21-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator

- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Medical and Mental Health Staff
- JCCC Mailroom Staff
- Just Detention International
- SANE/SAFE University of Missouri Hospital
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Tested the PREA Hotline with offender assistance
- Observed multiple informational posters throughout the facility discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed PREA informational video discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references providing inmate contact access to outside confidential support services for victims of sexual abuse and sexual harassment available for inmate use on inmate tablets and within the facility Law Library.
- Observed visitation area designated for members of an approved victim advocate services
- Reviewed agency website for PREA related information and available services

Standard Subsections:

(A) Policy (D1-8.13) requires that JCCC shall “attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in

accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings.” Offenders also are provided contact information for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. Via institutional awareness posters, inmates are provided the physical address to write for confidential emotional support services. Policy (D1-8.13) also allows that phone communication between inmates and advocates within these rape crisis centers is as confidential as possible. Outgoing mail to rape crisis centers is not restricted or monitored to an extent greater than any other outgoing legal correspondence. When interviewed, the majority of inmates knew that the agency provided free rape crisis support services to inmates. Additionally, all inmates were aware of at least one means by which they could contact rape crisis support services, with most inmates knowing that they could access those services by way of the information provided via the PREA posters located throughout the facility. The JCCC does not house persons detained solely for civil immigration purposes or for immigrant service agencies.

(B) Per policy (D1-8.13) inmates are notified that staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. As well, offenders are provided notice to the extent that calls made to rape advocacy centers are monitored.

(C) The JCCC has attempted to negotiate a contract between itself and Cole County Rape and Abuse Crisis Services, to help provide rape crisis support services as requested by inmates assigned to the JCCC. While an arrangement has not yet been reached, the JCCC does maintain, and did supply, the communication first attempting to develop a negotiated contract with the rape crisis center. As well, the agency also provides inmates with contact information for Just Detention International, a national database of advocacy resources. During the on-site review, the auditor did test the rape crisis center hotlines to ensure their functionality. The auditor also tested the online reporting option via the MDOC agency phone number and through its website. All avenues appropriately responded to the test submissions and proved to be valuable reporting options.

Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the JCCC have access to outside

	<p>confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the JCCC are provided with contact information for national and/or state-based rape crisis support centers. Inmates are advised that communications between inmates and advocates within rape crisis centers is as confidential as possible. The JCCC has attempted to secure a memorandum of understanding with rape crisis support services; namely Cole County Rape and Abuse Crisis Services. As a negotiated arrangement has not yet been met, facility staff have been formally trained on providing qualified advocacy services. When interviewed, all employees and inmates knew that the agency provided free emotional support services to inmates upon request. As well, many inmates knew that they could initiate access to those services by contacting the rape crisis centers using the information posted on the PREA awareness posters predominately displayed throughout the facility, as well as the information postings provided via the MDOC Offender Handbook. As such, the JCCC has met the minimum standards of this provision.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Offender Notice of Third-Party Reporting, English · MDOC Offender Notice of Third-Party Reporting, Spanish <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden · Investigative Staff · External Reporting Entities · Random Inmates

Site Review Observations:

- Reviewed MDOC website specific to PREA and third-party reporting methods
- Tested MDOC online third-party reporting system
- Tested JCCC facility-based PREA Hotline
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- Observed the Inmate Visitation Area informational posters
- Observed informational postings and other publications throughout the inmate housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

(A) Policy (D1-8.13) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged inmates to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by inmate family and friends via the facility's Inmate Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency's website. To verify the online third-party system was operational, the auditor submitted a test email to the agency's online reporting address. To verify the facility-based PREA Hotline was operational, a test call was submitting using one of the phones available to inmates in their housing areas. All methods of contact were found functional and received an agency-based response within a reasonable time frame. During facility interviews, all staff confirmed that the JCCC would accept third-party reports of sexual abuse. As well, most inmates believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure that at least one publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon inmates. In accordance to policy, the JCCC promotes the use of third-party

	<p>reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the MDOC website, all electronic links to PREA information, resources, and support services were tested and found to be operating as required. To ensure the functionality of the MDOC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods. While inmates themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence and direct contact via a telephone reporting system; namely, the JCCC provides a facility-based PREA hotline to allow inmates direct access to third-party reporting. To ensure the functionality of these reporting systems, test calls were successfully placed. Additionally, the auditor observed an inmate demonstration of PREA information/reporting access on inmate tablet system. Inmates may also make a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. Most inmates were also aware of their right to file a third-party complaint on behalf of another inmate. As the concept of third-party reporting is institutionalized across staff and inmate cultures, the JCCC clearly meets the provisions of this standard.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager

- JCCC Facility Warden
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Inmates

Site Review Observations:

- Employee training records

Standard Subsections:

(A) Policy (D1-8.13), as well as state law, mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. Failure of staff to report this knowledge is a Class A Misdemeanor. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against inmates or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all JCCC staff had received PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all random staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) During random staff interviews, staff consistently reported their training included protecting the privacy of sexual abuse and sexual harassment victims. In this, it was noted that staff should not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decision. Hence, during interviews, random staff noted that they would share reported information only with authorized staff. As such, random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the JCCC PREA Compliance Manager, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (D1-8.13) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. Specifically, policy (D1-8.13) notes if Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." During medical/mental health services staff interviews, the need for medical staff to inform inmates (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.

(D) All inmates incarcerated within the JCCC are legally classified as adults. However, agency staff do still note that for offenders under the age of 18, who claim to be victims of sexual abuse, the agency would report the allegations to the designated state agency.

(E) Policy (D1-8.13) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the facility-based Onsite Investigator for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations. Facility-based investigatory staff further confirmed their responsibility in investigating and responding to such allegations in coordination with the agency's PREA Unit Investigators.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing JCCC medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the JCCC meets the provisions established within this standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Incident Review Team Member · Intermediate or Higher-Level Facility Staff · Investigative Staff · Intake Staff · Staff Who Perform Screening for Risk of Victimization and Abusiveness · Medical and Mental Health Staff · Random Staff · Inmates Who Disclosed Sexual Victimization During Risk Screening · Inmates Who Reported Sexual Abuse · Random Inmates <p>Site Review Observations:</p>

	<ul style="list-style-type: none"> Review of inmate protection procedures Review of retaliation monitoring procedures <p>Standard Subsections:</p> <p>(A) Per policy (D1-8.13), when the JCCC learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the inmate, as well as staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. In speaking with the Agency PREA Coordinator, JCCC PREA Compliance Manager, JCCC Facility Warden, and random staff, a plethora of possible options were discussed specific to inmate protection measures. As the JCCC did not find any evidence within the audit time frame that any inmates assigned to the facility were at a substantial risk of sexual abuse, the facility has no documentation for review. Likewise, no protective actions were required.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to actualize the processes of inmate protection. Agency policy requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. During the audit time frame, the JCCC did not receive any reports from inmates who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff provided a more technical and inclusive response than random staff, they too, were centrally focused on protecting the inmate. Hence, the JCCC has clearly realized the provisions of this standard.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22
- JCCC Memo, Facility-to-Facility Referrals, 3-30-23
- JCCC Memo, Notification of PREA Claims to Other Facilities, 4-5-23
- JCCC PREA Event File Checklist, 9-7-21
- JCCC PREA Alleged Sexual Abuse by Offender Notification, 2-2-22
- JCCC PREA Unit Investigation Packet, 2-2-22
- JCCC Offender Statement, 1-12-22
- JCCC Investigator's Request for Medical or Mental Health Information, 1-5-22
- JCCC Complete Mental Health History, 9-7-21
- JCCC Complete Medical Record History, 8-4-21
- JCCC PREA Event
- JCCC Assessment Retaliation Status Checklist, 11-3-21
- JCCC Assessment Retaliation Status Checklist, 1-5-22
- JCCC Sexual Assault Allegation Notification Form, 9-7-21
- JCCC PREA Allegation, Mental Health Services, 9-7-21
- JCCC Referral and Screening Note – Mental Health/Medical Service, 9-7-21
- JCCC PREA Allegation Notification Checklist – Institution, 9-7-21
- JCCC Staff Communication, 9-7-21
- JCCC Offender Note to Staff, 8-29-21
- JCCC PREA Allegation Notification Checklist – Institution, 2-9-23
- JCCC Referral and Screening Note – Mental Health/Medical Service, 2-9-23
- JCCC Offender Note to Staff
- JCCC Sexual Assault Allegation Notification Form, 2-13-23
- JCCC Consent to Evaluate: Sexual Abuse Allegation, 2-13-23
- JCCC Consent to Facility Advocacy Staff, 2-13-23
- JCCC PREA Allegation Notification Checklist – Institution, 2-9-23
- JCCC Referral and Screening Note – Mental Health/Medical Service, 2-23-23

Interviews:

- Agency Head
- MDOC PREA Compliance Coordinator
- JCCC Facility Warden
- JCCC PREA Compliance Manager

Site Review Observations:

- Review of facility-to-facility referral process

Standard Subsections:

(A) MDOC policy (D1-8.13) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide notice of these allegations to the head of the facility where the abuse allegedly occurred within 72 hours. A review of Documents for the audit time frame reflects that there was one (1) such referrals made by the JCCC and one (1) such referrals made to the JCCC.

(B) Per MDOC policy (D1-8.13), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The JCCC Warden confirmed that all notices, if received from inmates, would be sent by the Warden's Office to the destination facility as soon as possible, usually within 24 hours, but certainly within 72 hours.

(C) The JCCC documents this notification through the use of a PREA Allegation Notification Checklist – Institution Form. To expedite communication, the incident investigation report is then transferred between facilities via email.

(D) Upon receipt of said allegations, per the JCCC PCM, the facility where the incident is reported initiates the coordinated response by completing the notification checklist

	<p>and offering advocacy. The coordinated response is then forwarded to the PCM and PREA Site Coordinator at the affected facility. The affected facility will then initiate the request for investigation and ensure that the information has been forwarded to the PREA Unit. The JCCC Warden confirmed that all notices, when received from other institutions, are subsequently processed in accordance to agency policy.</p> <p>Reasoning & Findings Statement:</p> <p>This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the audit time frame, the JCCC has received one (1) incoming allegation of sexual abuse/harassment from an inmate who reported such at another MDOC location. Within the audit time frame, the JCCC has received one (1) outgoing allegations of sexual harassment from an inmate who reported said allegations once he was reassigned to the JCCC. Documentation related to such reports was reviewed to ensure appropriate notification was provided to respective offices. In doing so, it was noted that agency policy, staff comments, and collaborative referral processes all reflect that the JCCC has satisfied the provisions of this standard.</p>
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115.64 Staff first responder duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22 <p>Interviews:</p> <ul style="list-style-type: none"> · JCCC PREA Compliance Manager · JCCC Facility Warden · Investigative Staff

- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of employee training records
- Review of investigative case files
- Review of JCCC PREA Coordinated Response Plan

Standard Subsections:

(A) MDOC policy (D1-8.13) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Once the first responder learns that an inmate has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In interviewing staff who could serve as JCCC security first-responders, their actions taken would consistent with policy. Within the audit time frame, JCCC has received 21 allegations from inmates who claim to have been victims of sexual abuse. Of these, nine (9) such allegations were presented within a time frame that would have still allowed for the collection of physical evidence.

(B) MDOC Policy (D1-8.13) requires that first responders are to request that the alleged victim not take actions that could destroy physical evidence. If the first responder is a non-security staff member, that person should immediately notify a custody officer of the allegation. Of the 21 reported sexual abuse allegations, there

	<p>were seven (7) instances of non-security staff being the first responder. In all instances, non-security staff members followed agency protocol regarding the preservation of evidence.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all random staff interviewed absolutely articulated that point. Most staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of the employee training matrix and class curriculums regarding evidence collection reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification to a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden

- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Medical and Mental Health Staff
- SANE/SAFE Contracted Staff
- Random Staff

Site Review Observations:

- Review of agency policies
- Review of departmental level facility processes

Standard Subsections:

- The JCCC has developed a written institutional plan; namely, the JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the JCCC implemented a unit-based policy (JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22) that details the coordinated response plan to an incident of inmate sexual abuse and sexual harassment. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As such, the JCCC has met the provisions within this standard.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D2-11.6, Labor Organizations, 9-20-13 · JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Head · Agency Contract Administrator · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden · Administrative (Human Resources Staff) <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Reviewed agency labor contracts <p>Standard Subsections:</p> <p>(A) Per policy (D1-8.13, D2-11.6), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact</p>

	<p>with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the State of Missouri and the various associations ensure that the MDOC retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>(B) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy allows for employees to be transferred or otherwise removed from specific duties pending the outcome of a sexual abuse or sexual harassment investigations. In speaking with investigative staff and the JCCC Warden, the process of suspending or separating employees from their duties as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the MDOC; more specifically, the JCCC unit administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the JCCC has satisfactorily met all provisions within this standard.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22 · JCCC PREA Allegation Notification Checklist – Institution, 8-13-22 · JCCC PREA Allegation, Offender · JCCC Referral and Screening Note – Mental Health/Medical Service, 8-13-22 · JCCC Protective Custody Needs Assessment/Waiver, 8-13-22

- JCCC Temporary Administrative Segregation Confinement, 8-13-22
- JCCC Assessment/Retaliation Status Checklist: 11-9-22, 10-12-22, 9-20-22, 8-16-22
- JCCC PREA Allegation Notification Checklist – Institution, 10-8-22
- JCCC Referral and Screening Note – Mental Health/Medical Service, 10-9-22
- JCCC Sexual Assault Allegation Notification Form, 10-10-22
- JCCC PREA Allegation Mental Health Services, 10-10-22
- JCCC Acute Care Surgery Encounter Note, 10-8-22
- JCCC Serious Incident Report, 10-8-22
- JCCC Assessment/Retaliation Status Checklist: 1-3-23, 12-15-22, 11-15-22, 10-18-22

Interviews:

- Agency PREA Coordinator
- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Random Inmates
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Reviewed retaliation monitoring logs associated with sexual abuse/sexual harassment case files.

Standard Subsections:

(A) Policy (D1-8.13) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. During random staff interviews, it was noted that staff would take immediate action to protect inmates who are in substantial risk of imminent sexual abuse. Staff noted that they also would take any necessary action to protect inmates who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

(B) In speaking with the JCCC PREA Compliance Manager, it was noted that the institution would employ multiple protection measures, such as housing changes, or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates and staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. In speaking with the facility's coordinator for retaliation monitor, it was noted that continual observation, as well as routine conversations with affected inmates, helps to detect if any changes have occurred within an inmate's correctional condition once a report of sexual abuse/sexual harassment has been made. If retaliation is suspected, it was noted that immediate action would be taken to remedy the perceived injustice. However, during the audit time frame, there have been no instances of retaliation reported.

(C) Per policy (D1-8.13), for a minimum of 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of offenders and/or staff who report sexual abuse. Conduct measures, such as a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor will be reviewed along with the periodic status checks. This periodic status checks should be conducted at 30-day intervals. However, in review of facility documents, it was noted that several monitoring files had meaningful lapses in time between offender status checks. This concern was brought to the facility, which took immediate action to address the delay. As such, no further action regarding such is needed at this time.

(D) Per the facility PCM, in the case of inmates, the facility has designated trained staff to monitor alleged victims, and such monitoring does include periodic in-person status checks. A review of case files indicates that periodic in-person status checks are generally conducted in accordance to agency policy. However, in review of facility documents, it was noted that several monitoring files had meaningful lapses in time between offender status checks. This concern was brought to the facility, which took immediate action to address the delay. As such, no further action regarding such is needed at this time.

	<p>(E) Per the facility PCM, if any other individual (staff, volunteer, contractor, inmate, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.</p> <p>(F) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. MDOC policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. Both the JCCC PREA Compliance Manager and the coordinator for JCCC retaliation monitoring provided detailed explanations of the monitoring process. The auditor did observe some time lapses between several periodic status checks. However, immediate action was taken to address this concern. As such, no further action is needed at this time. Given the totality of the policies provided, staff knowledge regarding the process, review of the JCCC monitoring process, along with subsequent action taken to ensure the timely maintain of retaliation monitoring, the JCCC has met the basic provisions of this standard.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Coordinated Response to Offender Sexual Abuse, 9-8-22 <p>Interviews:</p>

- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmates

Site Review Observations:

- Observed segregated housing

Standard Subsections:

(A) Policy (D1-8.13) prohibits placing inmates who allege sexual abuse or to be at a high risk of sexual abuse, in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. Inmates assigned to involuntary segregated housing shall only be assigned to this housing until an alternative means of separation from likely abusers can be arranged. Within the audit time frame, the JCCC has not placed any inmates who have suffered sexual abuse or who are at a high risk of sexual abuse in involuntary segregation pending completion of their assessment.

Reasoning & Findings Statement:

Agency policy strictly prohibits the use of involuntary segregated housing as a de facto response to inmate safety concerns. Rather, as explained by the JCCC PREA Compliance Manager, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, JCCC administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the JCCC Warden and the JCCC PREA Compliance Manager did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be their absolute last option. As such, the JCCC has satisfied the requirements of this provision.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.1, Office of Professional Standards, 7-1-17 · D1-8.4, Institutional Investigations, 10-24-21 · JCCC Memo, Prosecuted Investigations, 4-5-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden · Investigative Staff · Inmates Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Review of case files · Reviewed investigator training certifications · Reviewed agency training records documenting investigator training curriculums <p>Standard Subsections:</p> <p>(A) Policy (D1-8.13, D1-8.1, D1-8.4) requires that when the agency conducts criminal</p>

or administrative investigations of sexual abuse and/or sexual harassment of an inmate, the investigation should be conducted promptly and thoroughly, and should be continued until a determination of substantiated, unsubstantiated, or unfounded can be made.

(B) Policy (D1-8.13, D1-8.1, D1-8.4) requires that all staff responsible for conducting sexual abuse investigations received specialized training related to PREA. In speaking with agency investigators, it was noted that all investigators have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the JCCC PREA Compliance Manager and the PREA Unit Investigator, said staff confirmed participation in related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(C) As noted by facility investigators, the agency requires staff to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal and administrative investigations. It was further noted that all allegations require the victim, suspected perpetrators, and any witnesses to be interviewed. Additionally, any previous reports or documentation that may contribute to the overall investigation are reviewed. In short, per agency policy, investigators are required to gather and preserve all direct and circumstantial evidence related to the allegations.

(D) In speaking with a PREA Unit Investigator, it was noted that compelled interviews would only be conducted after speaking with state police and authorized by the local prosecutor.

(E) In speaking with investigative staff, it was noted that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not on the basis of that individual's status as an inmate or staff member. Investigators further noted that the use of a polygraph test or other truth-telling device cannot be used as a condition of investigating allegations of sexual abuse or sexual harassment. The facility investigator confirmed that the credibility of the alleged victim, suspect, or witness was assessed on a case-by-case basis, regardless of that person's status as an inmate, staff member, contractor, volunteer, or other facility connection. Within the audit time frame, there were no instances of JCCC investigators employing the use of any polygraph or other truth telling devices as a prerequisite function of PREA investigations.

(F) Policy (D1-8.13) requires that “administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse.” A review of investigatory files maintained by the JCCC PREA Compliance Manager and/or Institutional Investigators provided detailed written reports of both the allegations and subsequent investigations.

(G) Investigatory staff noted that that all administrative and criminal investigations are documented in written reports. As a function on that documentation, such reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of investigatory files maintained by the PREA Compliance Manager and/or Institutional Investigators did provide detailed written reports of both the allegations and subsequent investigations.

(H) As noted by the PREA Unit Investigator, and required by policy, substantiated allegations of sexual abuse shall be referred for prosecution. During the audit time frame, the JCCC has not substantiated any allegations of sexual abuse that were later accepted by the district attorney for subsequent prosecution.

(I) Policy (D1-8.13) requires that “Administrative and criminal investigation reports shall be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention.” In speaking with the PREA Unit Investigator, this retention process was thoroughly detailed.

(J) As noted by agency investigators, the departure of the alleged abuser or victim from employment or control of the facility or department does justify terminating an investigation. Rather, all investigations must be completed through their natural termination processes.

(K) The auditor is not required to audit this provision.

(L) As noted by agency investigators, if outside agencies were to conduct investigations into instances of sexual abuse and sexual harassment, facility staff would cooperate with these outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the JCCC PREA Compliance Manager and the JCCC Institutional Investigator, it was also noted that the facility investigator and any outside agencies would strive to maintain a professional relationship that would allow for the general use of routine communication to remain informed about the progress of any investigation. This would subsequently ensure

	<p>that JCCC staff remained informed on the progress of all sexual abuse investigations.</p> <p>Reasoning & Findings Statement:</p> <p>When the MDOC conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. Agency investigators have received the general PREA training provided to all MDOC staff. As well, investigators have also taken more specific training relevant to conducting sexual abuse investigations in a confinement setting. As a function of the investigation process, investigators must make all efforts to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, and statements from alleged victims, suspected perpetrators, and witnesses. Investigators do not conduct compelled interviews without first consulting criminal prosecution. In judging the merits of all allegations, the credibility of an alleged victim, suspect, and witness are assessed on an individual basis and not determined by the person's status as an offender or staff. Offenders are not required to submit to a polygraph as a condition for proceeding with the investigation of an alleged incident. Lastly, along with documenting the investigation in a written report, administrative investigations must also include an effort to determine whether staff actions or failures to act contributed to the abuse. As JCCC is complying with all parts of these provisions, it is found to have met this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> • D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 • PREA Unit Case File, 7-28-22 <p>Interviews:</p> <ul style="list-style-type: none"> • JCCC Facility Warden • JCCC PREA Compliance Manager

	<ul style="list-style-type: none"> Investigative Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> Review of investigatory case files <p>Standard Subsections:</p> <p>(A) Policy (D1-8.13) requires that the evidence needed to determine whether an allegation of sexual abuse and/or sexual harassment is substantiated shall be no higher than a preponderance of the evidence. Specifically, it is noted that “administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.” In speaking with facility investigators, this requirement was confirmed as the governing standard in determining the outcome of sexual abuse/sexual harassment investigations within the prison setting. Hence, for substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true.</p> <p>Reasoning & Findings Statement:</p> <p>Agency policy requires that MDOC investigators establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse and sexual harassment are substantiated. When interviewed, JCCC Onsite and PREA Unit Investigators confirmed that standard of proof to be slightly more than half. An onsite review of case files reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was noted as merely a preponderance of evidence. With this, the JCCC has satisfied all material provisions of this standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- JCCC Memo, Investigative Totals
- PREA Unit Case File, 7-28-22
- PREA Unit Case File, 4-5-22
- PREA Unit Case File, 10-19-22
- PREA Unit Case File, 6-30-22
- PREA Unit Case File, 11-30-22
- PREA Unit Case File, 10-19-22

Interviews:

- JCCC PREA Compliance Manager
- JCCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Investigative Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that all persons who alleged sexual abuse or harassment are provided a written response as to the disposition of the subsequent investigation. In speaking with the PREA Unit Investigator, it was noted that of all closed investigations during the audit time frame, all inmates have since been notified, in writing, of the investigation results.

(B) Within the audit time frame, there have not been any investigations of alleged sexual abuse occurring at the JCCC completed by an outside agency. However, per investigative staff, agency policy does require that where allegations are referred for criminal investigation to an outside agency, facility staff will follow the case until it is determined to be substantiated, unsubstantiated, or unfounded.

(C) Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate whenever the staff member is no longer:

- o Assigned to the facility; or
- o Employed with the Department

(D) Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against another inmate, the agency must notify the inmate whenever the alleged abuser has been:

- o Indicted on a charge related to sexual abuse or
- o Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse.

(E) Policy (D1-8.13) requires that the agency document all notifications or attempted notifications regarding disposition to inmate allegations of sexual abuse and/or sexual harassment. Interviews with the JCCC PREA Compliance Manager and the JCCC PREA Unit Investigator confirms adherence to said policy. As well, a review of documented notifications support said adherence.

(F) Auditor is not required to audit this provision.

Reasoning & Findings Statement:

Agency policy requires JCCC staff to provide inmates with dispositions for all claims of sexual abuse and sexual harassment. JCCC Onsite Investigators, along with agency PREA Unit Investigators, conduct all sexual abuse or sexual harassment investigations. If agency staff determine that a prosecutable crime has occurred, facility staff will contact the prosecutor's office for further consideration. If the

	<p>investigation is taken over by a local law enforcement agency, facility staff do remain actively engaged in those investigations. Agency policy provides that all inmates who have filed a previous sexual abuse and sexual harassment claim against agency staff, receive notification upon a that employee being assigned to another facility or having discharged from the agency. Lastly, policy requires these notifications to be documented. Within the audit time frame, JCCC staff have provided notifications as required on all such investigations. All notifications to JCCC inmates were provided in written format. Documentation reflecting proper notifications was reviewed and found to be within policy. As such, the JCCC is operating in accordance with all parts of this provision.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 <p>Interviews:</p> <ul style="list-style-type: none"> · JCCC PREA Compliance Manager · JCCC Facility Warden · Investigative Staff · Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Review of investigative case files <p>Standard Subsections:</p>

(A) MDOC Policy (D1-8.13) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating MDOC sexual misconduct policies. Interviews with the JCCC PREA Compliance Manager, JCCC Facility Warden, and the JCCC Onsite Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(B) MDOC Policy (#208.039) continue by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate. During the audit time frame, there have been two (2) JCCC staff who have been terminated, or resigned prior to termination, for violating agency sexual abuse or sexual harassment policies.

(C) MDOC Policy (#944.35) stipulate disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Again, interviews with the JCCC PREA Compliance Manager, JCCC Warden, and the JCCC Onsite Investigator confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(D) Per the JCCC PREA Compliance Manager, JCCC Facility Warden, and the JCCC Onsite Investigator, when the perpetrator is a medical or mental health professional, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation will be reported to local law enforcement, as well as the appropriate licensing body.

Reasoning & Findings Statement:

These provisions work to ensure that agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The State of Missouri has made the consequences of engaging in such behavior exceptionally clear. It should also be noted that within audit time frame, there have been two staff members assigned to the JCCC who have violated agency policy regarding sexual abuse or sexual harassment. Said staff have since been terminated, or otherwise resigned prior to termination, for violating agency sexual abuse or sexual harassment

	<p>policies. During staff interviews, all staff expressed their knowledge of the agency's zero tolerance policy. Hence, the JCCC administration has satisfied the provisions of this standard.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D2-13.1, Volunteers and Reentry Partners, 7-10-21 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Contract Administrator · JCCC PREA Compliance Manager · JCCC Facility Warden · Investigative Staff · Administrative (Human Resources Staff) · Contractors Who May Have Contact with Inmates · Volunteers Who May Have Contact with Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Reviewed contractor/volunteer PREA training files <p>Standard Subsections:</p>

	<p>(A) Policy (D1-8.13) advises contractors and volunteers who violate the agency's Zero-Tolerance Policy will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the MDOC. Additionally, any contractor or volunteer who engages in sexual abuse will be reported to law enforcement and to any relevant licensing bodies. During the audit time frame, the JCCC has not been required to report any incidents of inappropriate conduct by contractors or volunteers to a relevant licensing board or local law enforcement. Rather, interviews with volunteers and contracted staff evidenced that the agency's zero-tolerance policy has been institutionalized.</p> <p>(B) Policy (D1-8.13) advises contractors and volunteers that when cases of sexual abuse are substantiated against contractors or volunteers, the Department will prohibit those persons from further contact with inmates, as well as referring all criminal allegations to local law enforcement for possible prosecution.</p> <p>Reasoning & Findings Statement:</p> <p>Policy expressly states that contractors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates upon substantiation of the investigations. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. During the audit time frame, the JCCC has not found any contractors or volunteers to have engaged in inappropriate relations with inmates. Interviews with volunteers and contractors reflect that the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and JCCC is in compliance with such.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS19-1.6, Offender Accountability Program, 5-1-19

- MDOC Offender Rulebook, 2019
- JCCC PREA Unit Case File, 1-31-23

Interviews:

- JCCC Facility Warden
- JCCC PREA Compliance Manager
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Inmates

Site Review Observations:

- Review of disciplinary processes and sanctions

Standard Subsections:

(A) Policy (D1-8.13, IS19-1.6) notes that following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse, said inmate is subject to disciplinary sanctions pursuant to formal disciplinary processes. During the audit time frame, the JCCC has had one (1) administrative finding of guilt regarding an inmate-on-inmate sexual abuse investigation. Said case was referred to local law enforcement as required by policy.

(B) Policy (D1-8.13, IS19-1.6) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. As well, sanctions consider aggravating and mitigating factors.

(C) When determining an inmate's disciplinary sanctions, policy (D1-8.13, IS19-1.6) does consider how an inmate's mental disabilities or mental illness contributed to his behavior.

(D) Per policy (D1-8.13, IS19-1.6), all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined necessary by mental health services in consultation with inmate services.

(E) Per the JCCC PREA Unit Investigator, the JCCC will discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct.

(F) Per policy (D1-8.13, IS19-1.6), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations. Rather, only when it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that inmate shall be subject to discipline (D1-8.13, IS19-1.6).

(G) Per MDOC policy (D1-8.13), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as sexual battery or attempted sexual battery.

Reasoning & Findings Statement:

The inmate disciplinary process is a formal means to address institutional misconduct. The JCCC uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the audit time frame, the JCCC has processed one (1) disciplinary findings of inmate-on-inmate sexual abuse that occurred at the facility. This finding was referred to local law enforcement and the local District Attorney's office for continued review. In considering agency policies, facility procedures, staff interviews, and inmate comments, JCCC is compliant with disciplinary standards as required under this provision.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Informed Consent, 9/14 · JCCC Adult Internal Risk Assessment Raining Manual, Excerpt · JCCC Adult Internal Risk Assessment, Initial, 8-29-19 · JCCC Adult Internal Risk Assessment, 30 Day Assessment, 9-13-23 · JCCC Adult Internal Risk Assessment, Initial, 8-2-19 · JCCC Adult Internal Risk Assessment, 30 Day Assessment, 8-26-19 · JCCC Adult Internal Risk Assessment, Initial, 7-11-19 · JCCC Adult Internal Risk Assessment, 30 Day Assessment, 8-7-19 · JCCC Adult Internal Risk Assessment, Initial, 6-28-19 · JCCC Adult Internal Risk Assessment, 30 Day Assessment, 7-17-19 · JCCC Adult Internal Risk Assessment, Initial, 6-6-19 · JCCC Adult Internal Risk Assessment, 30 Day Assessment, 7-1-19 · JCCC Adult Internal Risk Assessment, Initial, 5-30-19 · JCCC Adult Internal Risk Assessment, 30 Day Assessment, 6-14-19 · JCCC Adult Internal Risk Assessment, Initial, 3-7-19 · JCCC Adult Internal Risk Assessment, 30 Day Assessment, 4-2-19 · JCCC Adult Internal Risk Assessment, Initial, 2-27-19a · JCCC Adult Internal Risk Assessment, 30 Day Assessment, 3-22-19a · JCCC Adult Internal Risk Assessment, Initial, 2-27-19b · JCCC Adult Internal Risk Assessment, 30 Day Assessment, 3-22-19b · JCCC Adult Internal Risk Assessment, Initial, 2-7-19

- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 3-7-19
- JCCC Adult Internal Risk Assessment, Initial, 1-10-19
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 1-31-19
- JCCC Adult Internal Risk Assessment, Initial, 12-28-18
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 1-18-19
- JCCC Adult Internal Risk Assessment, Initial,
- JCCC Adult Internal Risk Assessment, 30 Day Assessment,
- JCCC Adult Internal Risk Assessment, Initial, 12-6-18
- JCCC Adult Internal Risk Assessment, 30 Day Assessment, 1-3-19

Interviews:

- JCCC PREA Compliance Manager
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Reported Sexual Victimization During Risk Screening

Site Review Observations:

- Observed Intake/Medical Screening Areas
- Review of Medical/Mental Health PREA Screening Forms
- Review of Mental Health/Medical referrals within investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that upon arrival, all JCCC inmates will be screened for

sexual abuse risk factors. If the assessment indicates that the offender has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening. During the audit time frame, 100% of inmates received at the JCCC who disclosed prior victimization during screening were offered a follow-up meeting with a mental health practitioner. Interviews with inmates who had experienced prior sexual victimization confirm the institutionalization of this practice. As well, a review of mental health referrals supports the institutionalization of this practice.

(B) Per policy (D1-8.13), persons with a history of being sexually abusive must be referred for mental health services within 14 days. In speaking with Mental Health staff, it was noted that the nature of the referral is in accordance with the individualized needs of each inmate. During the audit time frame, 100% of inmates received at the JCCC who had previously perpetrated sexual abuse, as indicated during the screening process, were offered a follow-up meeting with a mental health practitioner. A review of mental health referrals supports the institutionalization of this practice.

(C) The JCCC is not a jail.

(D) Per policy (D1-8.13) practitioners must report any sexual abuse that occurred in a correctional facility. Any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local laws.

(E) Per policy (D1-8.13), and as noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years.

Reasoning & Findings Statement:

During the audit time frame, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a mental health practitioner. During the audit time frame, the JCCC has also referred 100% of inmates

	<p>who had previously perpetrated sexual abuse, as indicated during risk screening, for a follow-up meeting with a mental health practitioner. As noted by medical and mental health staff, the JCCC is providing routine and regular medical screens and health services in accordance to qualified medical and mental health assessments, as well as to policy. As observed during the Intake process, these assessments occur as a required function of facility admittance. Documentation specific to the PREA assessment form for medical and mental health staff reflects the use of the screening tool to determine appropriate housing and medical/mental health needs. As such, the facility is meeting all provisions as established within this standard.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Sexual Assault Allegation Notification Form, 4-12-23 · JCCC PREA Allegation Mental Health Services, 4-12-23 · JCCC Consent for Facility Advocacy Services · JCCC Referral and Screening Note – Mental Health/Medial Service, 4-12-23 · JCCC PREA Allegation Notification Checklist – Institution, 4-12-23 · JCCC Memo, PREA Allegation, 4-12-23 <p>Interviews:</p> <ul style="list-style-type: none"> · JCCC PREA Compliance Manager · Medical Staff · Mental Health Staff · SANE/SAFE Staff University of Missouri Hospital · Security Staff and/or Non-Security Staff Who Have Acted as First Responders

- Random Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical/Mental Health Departments
- Review of Medical/Mental Health PREA Assessment Form
- Review of investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with agency policy. In speaking with medical and mental health staff, adherence to policy was confirmed. Inmates who had previously made allegations of sexual abuse or sexual harassment also confirmed that they had received medical/mental health treatment in a timely manner.

(B) During interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations. In speaking with medical and mental health staff, 24-hour availability of qualified medical practitioners was affirmed. A review of facility documentation supports that qualified medical staff are available, and do respond, to emergency medical needs 24 hours per day.

(C) Policy (D1-8.13) requires that victims of recent sexual assault are referred for forensic exams for relevant treatment and the gathering of evidence. As noted during the SAFE/SANE contracted nurse coordinator interview, all persons receiving forensic exams are provided prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases as appropriate. In speaking with medical staff, adherence to this policy was confirmed. Inmates who had previously made allegations of sexual abuse also confirmed that they had received medical treatment, appropriate for their specific situations, in a timely manner.

	<p>(D) MDOC policy (D1-8.13) requires that “treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” In speaking with medical staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services.</p> <p>Reasoning & Findings Statement:</p> <p>This standard is designed to provide inmates access to emergency medical and mental health services. In this, facility staff are meeting all the provisions within this standard. Policy allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the inmate’s course of treatment; specifically, what is medically indicated based on forensic evidence collection needs or physical trauma. Inmate interviews further acknowledge that inmates are provided appropriate medical/mental health treatment specific to individual medical needs. Lastly, documentation reflecting access to medical and mental health care was reviewed. In examining the totality of the information provided, the JCCC has certainly met the minimum provisions of this standard via emergency (24-hour) access to qualified medical staff.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Organizational Chart, 2023 <p>Interviews:</p> <ul style="list-style-type: none"> · JCCC PREA Compliance Manager

- Medical Staff
- Mental Health Staff
- SAFE/SANE Staff University of Missouri Hospital
- Inmates Who Reported Sexual Abuse
- Inmates Who Reported Prior Sexual Victimization

Site Review Observations:

- Observed Medical/Mental Health Departments
- Review of Medical/Mental Health PREA Assessment Forms
- Review of investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that all allegations of sexual victimization must be evaluated by medical and medical health staff. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were previously receiving mental health treatment services, they confirmed that upon facility transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

(B) Per policy (D1-8.13), the MDOC will provide continuing mental health services to inmates throughout their assignment to the MDOC.

(C) Policy (D1-8.13) requires that all victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews with medical and mental health practitioners confirmed the facility's adherence to said policy.

(D) Policy (D1-8.13) notes that “victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.” However, it should be noted that the JCCC does not house female inmates or currently house any transgender men. As such, emergency contraception is not a medically necessary at this time.

(E) In speaking with medical staff, it was noted that should pregnancy results from sexual assault, victims would be offered timely and comprehensive information about the timely access to all lawful pregnancy-related medical services. However, it should be noted that the JCCC does not house female inmates or currently house any transgender men. As such, information about the timely access to all lawful pregnancy-related medical services is not a medically necessary at this time.

(F) Policy (D1-8.13) requires that when medically appropriate prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims. In speaking with medical staff, contracted SAFE/SANE staff, and inmates who had previously alleged sexual abuse, agency adherence to this policy was confirmed.

(G) Policy (D1-8.13) notes that treatment services for sexual abuse will be provided “regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.” In speaking with medical and mental health staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical or mental health treatment for allegations of sexual abuse also confirmed that they were not charged a co-payment fee for said services.

(H) Policy (D1-8.13) requires that “victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.”

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The JCCC offers qualified and coordinated medical and mental health care regardless of an inmate’s ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments for both medical and mental health services. Once established, access to said treatment follows the inmate throughout the MDOC system. The medical and mental health services provided are consistent with the community level of care. Additionally, as

	<p>noted by medical and mental health staff, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the JCCC Medical and Mental Health Departments have collectively exceeded the provisions of this standard.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC PREA Unit Case File, 4-5-22 · JCCC PREA Sexual Abuse Debriefing, 4-13-22 · JCCC PREA Unit Case File, 12-22-22 · JCCC PREA Sexual Abuse Debriefing, 12-30-22 · JCCC Memo, PREA Debriefs, 4-6-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden · Incident Review Team Member <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Reviewed Sexual Abuse Incident Review documentation

Standard Subsections:

(A) Policy (D1-8.13) states that “each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.” This review will be done for both substantiated and unsubstantiated allegations. During the audit time frame, the JCCC has concluded numerous alleged sexual abuse and/or sexual harassment investigations. In speaking with the JCCC Warden, the role of each person within the debriefing process was explained.

(B) Policy (D1-8.13) mandates the “debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry.” During the audit time frame, the JCCC has concluded numerous sexual abuse investigations that were not deemed unfounded. A review of related documentation affirms that sexual abuse incident reviews are generally performed within 30 days following the conclusion of these investigations.

(C) Policy (D1-8.13) requires that “the review team for offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable

(D) Upon completion of the debriefing, the facility shall implement the recommendations outlined in the debriefing report for improvement or shall document its reasons for not doing so. This information is noted by completing the debriefing form. In speaking with the JCCC Warden, the debriefing process was explained in great detail.

Reasoning & Findings Statement:

During the audit time frame, JCCC has conducted numerous debriefing specific to sexual abuse allegations. Of those, however, none have resulted in any recommendations for changes. Documentation relative to the debriefings were examined to ensure that the debriefing teams consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D of

	<p>this standard, a debriefing report was completed with appropriate subsequent action taken where required, and that these reviews were generally conducted within 30 days of the investigation conclusion. In speaking with facility staff, each person explained their role within the debriefing process. Additionally, inmates were interviewed to determine what, if any, changes were needed or subsequently made to institutional policy following their reported incidents. With this, given the totality of the information reviewed, policies, documented evidence, staff and inmate interviews, it is apparent that the JCCC has maintained compliance with each of the aforementioned provisions.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Annual Report, 2022 · MDOC PREA Annual Report, 2021 · MDOC PREA Annual Report, 2020 · JCCC PREA Unit Case File, 4-5-22 · JCCC PREA Sexual Abuse Debriefing, 4-13-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden <p>Site Review Observations:</p>

· Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (D1-8.13) provides all staff within the MDOC a standardized set of definitions specific to sexual abuse and sexual harassment allegations. Policy (D1-8.13) further mandates that the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a Survey of Sexual Victimization Incident Form. In speaking with the Agency PREA Coordinator and the JCCC PREA Compliance Manager, adherence to this provision was confirmed.

(B) Policy (D1-8.13) further requires that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. In speaking with the Agency PREA Coordinator and the JCCC PREA Compliance Manager, adherence to this provision was confirmed.

(C) In reviewing the MDOC Annual PREA Reports, it was noted that the MDOC has completed the U.S. Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization report. Furthermore, as confirmed by the MDOC PREA Coordinator, the data includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.

(D) In speaking with the JCCC PREA Compliance Manager, it was noted that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with the MDOC records retention schedule. The MDOC PREA Coordinator confirmed the agency's overall adherence to this policy. As well, the JCCC PREA Compliance Manager confirmed that above reference sources were continuously used to inform the agency's annual statistical reports.

(E) In speaking with the MDOC PREA Coordinator, it was noted that all aggregated sexual misconduct data received from private facilities with which it contracts is made available for inclusion the agency's aggregated data set. The MDOC PREA

	<p>Coordinator confirmed the agency's overall adherence with this policy.</p> <p>(F) Policy (D1-8.13) requires that the PREA Coordinator provide aggregated data on sexual abuse and sexual harassment occurring within the MDOC to the Department of Justice (DOJ); specifically, the Bureau of Justice Statistics, on an annual basis. As confirmed by the PREA Coordinator, said data is provided to the DOJ no later than June 30th of each year.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on at least an annual basis. That data is then aggregated and made available for public review. The JCCC has complied with the timely collection of said data and is subsequently furnishing it to appropriate entities as requested. Hence, the JCCC has met all provisional requirements and is in compliance with this standard.</p>
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115.88 Data review for corrective action	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Annual Report, 2022 · MDOC PREA Annual Report, 2021 · MDOC PREA Annual Report, 2020 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Head · Agency PREA Coordinator

- JCCC PREA Compliance Manager
- JCCC Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (D1-8.13) requires the MDOC to review the aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, response, and training policies. Specifically, the MDOC uses this information to identify problem areas, take corrective action on an ongoing basis, and prepare an annual report of its findings from the data review, as well as any corrective actions for each facility, along with the agency as a whole. The PREA Coordinator confirmed adherence to this process. As well, MDOC Annual PREA Reports (2022, 2021, 2020) do reflect the intelligent use of said data.

(B) Policy (D1-8.13) requires that annual statistical reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the MDOC's progress in addressing sexual misconduct. The PREA Coordinator confirms adherence to this policy. As well, MDOC Annual PREA Reports (2022, 2021, 2020) do reflect the intelligent use of said data.

(C) Policy (D1-8.13) requires that upon completion of each year's Annual PREA Report, the report shall be approved by the Commissioner of Correction and posted on the agency's web page. A review of the MDOC website <https://doc.mo.gov/programs/PREA> indicates that upon approval from the agency director, the report is then made available to the public. The PREA Coordinator confirms adherence to this policy.

(D) Per the PREA Coordinator and the JCCC PREA Compliance Manager, personal identifiers are not used in producing either the agency or facility-based annual PREA reports. As such, there isn't a need to redact any information from said reports before making publicly available.

	<p>Reasoning & Findings Statement:</p> <p>This standard works to determine if agency, and by extension, facility-based staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency wide PREA Coordinator, JCCC PREA Compliance Manager, and the JCCC Warden, the manner in which each person utilizes the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the JCCC has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Annual Report, 2022 · MDOC PREA Annual Report, 2021 · MDOC PREA Annual Report, 2020 · MDOC Retention Schedule <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden <p>Site Review Observations:</p>

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Per the Agency PREA Coordinator, all electronic retention files once PREA cases are complete are security maintained in the electronic retention files. Per the PREA Coordinator and the JCCC PREA Compliance Manager, adherence to this policy is strictly enforced. A review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(B) Per policy (D1-8.13), aggregated sexual abuse data will be made available to the federal government as required. "The department's annual PREA report shall be made available to the public on the department's internet website" (D1-8.13). Per the PREA Coordinator, adherence to this policy is strictly enforced. Per the PREA Coordinator, all annual aggregated reports previously published pursuant to §115.87 are readily available to the public through the MDOC website.

(C) Per the PREA Coordinator, all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the agency's website.

(D) Policy (D1-8.13) requires that the agency maintain sexual abuse data collected pursuant to §115.87 "for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer." The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the MDOC website.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is apparent that both the MDOC PREA Coordinator, as well as the administration of the JCCC, operate with transparency in government in accordance to state statute and federal law. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieved overall compliance.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Posted Auditor Notice (English) · JCCC Posted Auditor Notice (Spanish) <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · JCCC PREA Compliance Manager · JCCC Facility Warden · Random/Targeted Staff · Random/Targeted Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · On-site inspection of the entire JCCC · Review of documentation available via onsite inspection <p>Standard Subsections:</p> <p>(A) As evidenced by presence of facility audits on the MDOC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all MDOC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.</p>

	<p>(B) This is Audit Year One of Cycle Four.</p> <p>(H) The auditor had full access to all areas of the facility.</p> <p>(A) All documents requested by the auditor were received in a timely manner.</p> <p>(A) The auditor was permitted to conduct private interviews with inmates.</p> <p>(B) Inmates were permitted to correspond with the auditor using privileged mail processes.</p> <p>Reasoning & Findings Statement:</p> <p>Both the MDOC PREA Coordinator and the JCCC PREA Compliance Manager were fully prepared for this review. The auditor was provided the PAQ in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Facility staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the JCCC. Accordingly, JCCC has exceeded the provisions of this standard.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · JCCC Posted Auditor Notice (English)

- JCCC Posted Auditor Notice (Spanish)

Interviews:

- Agency PREA Coordinator

Site Review Observations:

- Review of documentation available via the MDOC PREA website
- On-site inspection of JCCC

Standard Subsections:

(F) A review of the agency website reflects that the MDOC has published all final audit reports for prior audits completed during the last three years preceding this audit as they were made available to the agency. The PREA Coordinator affirms that all facilities within the MDOC have been audited in accordance to schedule and their reports subsequently published on the agency's website as they were made available to the agency.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the MDOC does have an agency website and has made all facility PREA reports accessible by the public as they were made available to the agency.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>

PREA Facility Audit Report: Final

Name of Facility: Missouri Eastern Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/07/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Matthew Taylor	Date of Signature: 07/07/ 2023

AUDITOR INFORMATION	
Auditor name:	Taylor, Matthew
Email:	mtaylor@azadc.gov
Start Date of On-Site Audit:	05/22/2023
End Date of On-Site Audit:	05/24/2023

FACILITY INFORMATION	
Facility name:	Missouri Eastern Correctional Center
Facility physical address:	18701 Historic Route 66, Pacific, Missouri - 63069
Facility mailing address:	- 63109

Primary Contact	
Name:	Cynthia Hygrade
Email Address:	cynthia.hygrade@doc.mo.gov
Telephone Number:	13143196932

Warden/Jail Administrator/Sheriff/Director	
Name:	Gregory Hancock
Email Address:	gregory.hancock@doc.mo.gov
Telephone Number:	1-573-427-6039

Facility PREA Compliance Manager	
Name:	Cynthia Hygrade
Email Address:	cynthia.hygrade@doc.mo.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Ruth Whitehead
Email Address:	ruth.whitehead@doc.mo.gov
Telephone Number:	1-636-257-3322 ext.1

Facility Characteristics	
Designed facility capacity:	1140
Current population of facility:	1074
Average daily population for the past 12 months:	1093
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	18-81
Facility security levels/inmate custody levels:	Minimum/Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	248
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	36
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	22

AGENCY INFORMATION

Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:

Name:	Anne L. Precythe
Email Address:	Anne.Precythe@doc.mo.gov
Telephone Number:	573-526-6607

Agency-Wide PREA Coordinator Information

Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-22
2. End date of the onsite portion of the audit:	2023-05-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor attempted to make contact with Just Detention International (JDI) prior to the onsite portion of the audit by submitting a request form through their official website. Although JDI never responded to my request about Missouri Eastern Correctional Center, they did respond to another prison complex in the State of Missouri and did not report anything related to relevant conditions in any Missouri prison complex.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1140
15. Average daily population for the past 12 months:	1093
16. Number of inmate/resident/detainee housing units:	5

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1078
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	9
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	13
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	4
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	4

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	7
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	21
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	10
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	107
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	23
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
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54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided the auditor with a roster of all inmates at the facility. The auditor chose inmates based on age, race, ethnicity, length of time at the facility and housing assignment.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	21

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 1615 1469 1776"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 1823 1469 1904"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Inmate rosters and medical records were reviewed and inmates identified as blind or low vision could not be identified.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	3
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	2
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	As a matter of policy
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	9	0	9	0
Staff-on-inmate sexual abuse	10	0	10	0
Total	19	0	19	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	6	0	6	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	8	0	8	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	7	2	1	0
Staff-on-inmate sexual abuse	3	2	2	3
Total	10	4	3	3

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	6	0
Staff-on-inmate sexual harassment	0	0	2	0
Total	0	0	8	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

6

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

2

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Department policy D1-8.13 outlines the agency's zero tolerance towards all forms of sexual abuse and sexual harassment for all facilities it directly operates. The Missouri Department of Corrections does not currently have any privately run facilities under contract. D1-8.13 outlines how the agency implements its approach to preventing, detecting and responding to incidents of sexual abuse and sexual harassment. The SOP includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the sanctions for those who are found to have participated in prohibited behaviors. The SOP includes a comprehensive description of the strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>The Missouri Department of Corrections employs an upper-level agency-wide PREA coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA coordinator falls under the agency's Office of the Director and Office of Professional Standards. A review of the agency's organizational chart illustrated this hierarchy. An interview with the</p>

	<p>agency PREA Coordinator Darren Snellen also confirmed his position and authority.</p> <p>Missouri Eastern Correctional Center employs a designated PREA compliance manager. The PREA compliance manager for the facility at the time of the audit was Deputy Warden Cyndi Hygrade. Deputy Warden Hygrade reported she had sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager for the facility reports directly to the Warden of the institution.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Missouri Department of Corrections does not currently enter into contracts for the confinement of inmates in their facilities. This information was illustrated in the pre-audit questionnaire (PAQ) and confirmed through an interview with the agency's contract administrator.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The facility has developed and documented its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. The facility provided a copy of the staffing level spreadsheet which outlined all three shifts' normal staffing patterns and numbers as well as a critical staffing chart. The facility indicated in the PAQ the average number of daily inmates which the staffing plan was predicated was 1093.</p> <p>During the site review process the auditor actively observed the number of staff, contractors and volunteers that were visually present. All areas of the facility were observed by the auditor which included inmate housing units, segregation areas,</p>

	<p>work locations, education and programming locations. The auditor carefully observed staff line of sight and any potential blind spots throughout the facility. During the site review, video monitoring was carefully observed and reviewed to determine if the use of the technology augmented and supported staff supervision. During the site review the auditor had informal conversations with staff regarding supervision practices.</p> <p>Informal conversations were also conducted with inmates at the facility regarding staffing presence and how staffing impacts access to programming, education and daily activities.</p> <p>The facility reported through the PAQ there have not been any deviations to the staffing plan within the last 12 months. However, it was reported that if there were deviations to the staffing plan, they would be documented. This information was also confirmed during the interview with the facility Warden.</p> <p>A PREA staffing plan evaluation dated May 17, 2023 was provided by the facility. This evaluation illustrated that at least once every year the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan, the deployment of monitoring technology and allocation of resources to commit to the staffing plan to ensure compliance with the plan. An interview with the agency PREA coordinator also substantiated his involvement with the staffing plan evaluation at the facility.</p> <p>Policy D1-8.13, Post Order 16.02 and Post Order IS20-1.1 provided by the facility illustrate and dictate a practice of having intermediate and higher-level supervisors conduct and document unannounced rounds. SOP and post orders illustrate that rounds are conducted on all three shifts at the facility. Additionally, SOP prohibits staff from alerting other staff members that supervisory rounds are occurring. The auditor conducted interviews with intermediate and higher-level staff at the facility who confirmed these practices on all three shifts and that they were unannounced.</p> <p>The facility provided documented examples of unannounced rounds occurring on all three shifts at the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility reported through the PAQ that they do not house youthful offenders at the facility. The facility did provide procedures associated with housing youthful offenders in IS5-3.1 and IS5-1.1. A review of inmate rosters and population reports for the facility, confirmed there were no youthful offenders.</p>

	Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility reported through the PAQ that they do not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Policy/procedure IS20-1.3 restricts cross-gender strip or cross-gender visual body cavity searches except in exigent circumstances. The facility also reported in the PAQ in the past 12 months they have conducted zero cross-gender strip or cross-gender visual body cavity searches of inmates.</p> <p>During the site review process, the auditor visually observed areas within the facility where staff conducted strip searches of inmates. The auditor observed designated strip search areas allowed for privacy either through barriers or privacy screens to prevent potential cross-gender viewing. The auditor also had informal conversations with random security staff who indicated staff of the opposite gender do not conduct these types of searches.</p> <p>The facility reported through the PAQ that no female inmates are housed at the facility.</p> <p>Policy IS20-1.3 requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.</p> <p>Policies D1-8.13 and IS20-1.3 illustrate that the agency has procedures in place to enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, including viewing via video camera.</p> <p>During the site review process, the auditor observed all housing units at the facility and areas where inmates would have opportunity to shower, use the toilet, or change their clothes. The facility did have housing units that were multi-tiered but direct observation of those areas did not indicate cross-gender viewing was apparent or problematic. Video monitoring technology was reviewed by the auditor and no camera footage observed indicated inmates could be seen in a state of undress, using the shower or toilet by staff of the opposite gender. The auditor observed the facility has implemented verbal announcement over loudspeakers in the housing unit when female staff is working on posts in housing units. Additionally, the facility has a visual sign that is hung in conspicuous areas of the housing unit, alerting inmates of female staff presence.</p>

	<p>The auditor conducted interviews with random staff throughout the facility. Overwhelmingly staff indicated female staff regularly announce their presence prior to entering a housing unit. Staff also indicated they felt inmates had the ability to shower and use the restroom without female staff seeing them in a state of undress. Interviews were also conducted with random inmates throughout the facility. Generally, inmates felt they had privacy when showering and using the restroom because female staff almost never entered the bathroom areas when inmates were utilizing them.</p> <p>Policy IS5-3.3 prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The facility reported in the PAQ that have not conducted any such searches in the last 12 months.</p> <p>The auditor conducted interviews of random staff throughout the facility. No staff interviewed indicated they would ever search a transgender or intersex inmate solely for the purpose of determining the inmate's genital status. Interviews were also conducted with at least 3 transgender inmates at the facility. All inmates interviewed indicated they did not believe they were ever searched for the sole purpose of determining their genital status.</p> <p>Policy D1-8.13, training logs and Divisional Searches Training Plan were provided by the facility outlining training specific to searches of transgender and intersex inmates in a professional and respectful manner. The PAQ indicated that 100 percent of security staff have completed the required training.</p> <p>The auditor conducted interviews with random staff throughout the facility. All security staff indicated they had received training on how to conduct professional and respectful searches of transgender and intersex inmates.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Department policy D1-8.13 illustrates the facility's established procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provided their current contracts for on demand interpretation services which included sign language. The facility also has established procedures for inmates that are limited English proficient equal</p>

	<p>opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The two most common languages spoken at the facility are English and Spanish. There are staff employed at the facility that are trained to assist with only Spanish-speaking inmates and staff are trained on how to provide these services as evidenced by the provided training logs. The facility provided posters and brochures that are placed in conspicuous locations throughout the facility to assist inmates that are disabled and are limited English proficient.</p> <p>During the site review the auditor made observations in inmate housing units and tested the availability of services provided by telephone. The auditor was able to test these services in English and Spanish. Additionally, PREA information is also available in multiple formats via the inmate tablets. This information is available in multiple languages. The auditor observed in multiple housing units that written information was not as available and obvious or in a centralized location. The auditor worked directly with the facility and the facility agreed and completed inmate bulletin board installation that included comprehensive PREA education material for all inmates at the facility.</p> <p>Interviews were conducted with the agency Director and inmates with disabilities and who were limited English proficient. Overwhelmingly inmates reported they received PREA educational materials in a way they could understand.</p> <p>Policy D1-8.13 prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties under 115.64, or the investigation of the inmate's allegations. The facility reported that they have not had any instances where inmate interpreters were utilized.</p> <p>Interviews with random staff and inmates with disabilities or who are limited English proficient were conducted. Interviews supported the facility's adherence to established policy and procedures.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.17 Hiring and promotion decisions	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policies D2-2.2, D2-2.8, D2-13.1 and D2-2.8 outline the prohibition from hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who 1) Has engaged

in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.

Agency policy D1-8.13 requires consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

Agency policy D2-2.8 requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility reported during the last 12 months, they hired 157 persons who may have contact with inmates all of whom have had criminal background checks.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.

Agency policy D2-2.8 requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates.

The facility reported that in the last 12 months they have entered into zero contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.

Agency policy D2-11.14 requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. It was noted by the auditor that agency policy actually requires background checks on all employees, contractors and volunteers every year on the person's birth month.

	<p>The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.</p> <p>The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.</p> <p>Agency policy D2-2.23 requires that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>According to information provided by the facility in the PAQ, they have not acquired a new facility or made a substantial expansion or modification to the existing facilities since August 20, 2012, or since the last PREA audit.</p> <p>The auditor conducted interviews with the agency Director and facility Warden that confirmed the information provided in the PAQ.</p> <p>According to information provided by the facility in the PAQ, facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p>The auditor conducted interviews with the agency Director and facility Warden that confirmed the information provided in the PAQ.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Based on information provided by the facility in the PAQ, the facility is responsible for conducting administrative sexual abuse investigations, including inmate-on-inmate sexual abuse or staff sexual misconduct. In the PAQ the facility reported they were</p>

	<p>responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). In the PAQ they reported when they conduct sexual abuse investigations, the agency investigators follow a uniform evidence protocol. The policy D1-8.8 outlines the agency's uniform evidence protocol.</p> <p>The auditor interviewed multiple random staff working throughout the facility to assess staff knowledge of the required technical detail to aid responders in obtaining usable physical evidence.</p> <p>Information provided in the PAQ indicated that youth were not housed at the facility. However, the protocol established by the agency is appropriate for youth.</p> <p>Information provided in the PAQ indicated the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>Information provided in the PAQ indicated the facility offers all inmates who experience sexual abuse access to forensic medical examinations. The facility also offers all inmates who experience sexual abuse access to forensic medical examinations onsite. The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility as well if not available at the time of an incident. The facility indicated that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility also indicated they document efforts to provide SANEs or SAFEs. This information was evidenced by the provided SANE Hospital listing and the Department's Coordinated Response Plan.</p> <p>The PAQ indicated the facility conducted zero forensic medical exams during the past 12 months, 1 exam performed by SANEs/SAFEs during the past 12 months and zero exams performed by a qualified medical practitioner during the past 12 months.</p> <p>Information provided in the PAQ indicated the facility attempts to make available a victim advocate from a rape crisis center to the victim, either in person or by other means. Specifically, the facility has a qualified staff member, who is a chaplain, and has received the required training.</p> <p>The auditor conducted interviews with the PREA Compliance Manager and at least 4 inmates who reported sexual abuse at the facility that confirmed compliance with the requirements of this standard and provisions.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). The facility reported that in the last 12 months there have been 14 allegations of sexual abuse and sexual harassment that were received. The facility reported through the PAQ there were 5 allegations resulting in an administrative investigation. There was 1 allegation referred for criminal investigation. The facility reported that all allegations received during the past 12 months, all administrative and criminal investigations were completed. The auditor observed discrepancies in the original investigation numbers provided by the facility in the PAQ. The auditor confirmed actual investigation numbers during the audit process and numbers were reported in the PARF.</p> <p>The auditor interviewed the Director of the agency that confirmed the facility conducts criminal and administrative investigations related to sexual abuse and sexual harassment.</p> <p>Policies D1-8.1 and D1-8.4 require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Information in the PAQ indicated the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.</p> <p>The auditor interviewed investigative staff who confirmed there was a policy in place as required in this provision.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 and provided training plan illustrate that the agency trains all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from</p>

	<p>retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PAQ and policy indicated that training is tailored to the gender of the inmates at the facility and employees who are reassigned from facilities housing the opposite gender are given additional training. Between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Employees receive refresher training every two years. The agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.</p> <p>The auditor interviewed a random sampling of staff throughout the facility, all of which indicated they had been fully trained on PREA and their responsibilities as employees of the Department and confirmed the frequency of training.</p> <p>The auditor reviewed employee training records which illustrated the agency's compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The training module "Volunteers in Corrections" training illustrated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The PAQ indicated there were a total of 36 volunteers and contractors, (who may have contact with inmates) who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility reported the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ indicated the agency maintains</p>

	<p>documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The auditor interviewed volunteers and contractors throughout the facility, all which confirming they had received PREA training from the agency. Additionally, contract medical and mental health staff indicated they receive additional PREA training through Corizon.</p> <p>The auditor reviewed volunteer and contractor training records which illustrated compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy D1-8.13 dictates that during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Policy also requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. Inmate PREA education handouts, flyers and brochures illustrate compliance with this standard. The PAQ indicated there were 998 inmates that were admitted during the past 12 months all were given PREA educational material. The facility reported there were 998 inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.</p> <p>The auditor interviewed intake staff at the facility who confirmed they provided all required PREA information to inmates during the intake process. The auditor also interviewed a random sampling of inmates throughout the facility. Overwhelmingly, inmates reported receiving PREA information during intake and within 72 hours of entering the facility.</p> <p>The auditor spot checked inmate records during the course of the audit illustrating inmates received PREA related training and educational materials during the intake process or within 72 hours of intake. Inmates also signed an acknowledgment form</p>

	<p>indicating they received the aforementioned training.</p> <p>During the site review process, the auditor observed the intake process with the group of new inmates entering the facility. The auditor observed the inmates escorted directly from outside of the facility to the visitation area where the intake process was started. Information material was provided to inmates via literature, which was available in both English and Spanish formats. Staff also spoke with inmates directly to ascertain if there were individuals that needed additional assistance based on limited English proficiency or who were disabled, deaf or who were blind or have low vision. The auditor observed medical/mental health staff in visitation that could assist with individuals that had cognitive or functional disabilities. The auditor also observed that a PREA educational video was provided to the group of inmates which further illustrated compliance with this standard. Also, during the site review process, the auditor observed housing units that needed a more robust and more centralized location where inmates have access to information related to PREA educational materials, reporting mechanisms and access to outside emotional support services. The auditor worked directly with the facility to address this concern by creating a bulletin board space in every wing of every housing unit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Investigators also receive specialized training that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility PAQ also provided the training modules illustrating the training provided to its investigators. The facility reported there are a total of 10 investigators that have completed the required training.</p> <p>The auditor interviewed investigative staff from OPS who confirmed they had received the required training.</p> <p>The auditor reviewed training records of investigators which further confirmed the completion the required training.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 requires all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility reported in the PAQ that there was a total of 24 medical and mental health care practitioners who work regularly at this facility all of whom received the training required by agency policy. In the PAQ the facility reported there were medical staff working at the facility that could be responsible for conducting forensic medical exams and those staff have received appropriate training on how to conduct such examinations. The facility also provided training records of medical and mental health staff working at the facility illustrating completion of required training.</p> <p>The auditor interviewed medical and mental health staff working at the facility who confirmed they have received the required PREA training that included all the elements of the provision.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy IS5-2.3 requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. This policy also requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Policy also requires the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Finally, policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to questions regarding: (a) whether or</p>

not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. The facility reported in the PAQ there were a total of 998 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and all were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. In the PAQ the facility provided a copy of their objective screening instrument. The risk screening tool minimally considers 1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

During the site review process, the auditor confirmed who was responsible for conducting the risk screening of inmates at the facility. The auditor was also able to sit through several risk screenings of inmates entering the facility. The auditor confirmed the screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. The auditor assessed whether screening staff ask screening questions in a manner that fosters comfort and elicits responses. The auditor also tested the method for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility, including whether:

- Screening staff use an instrument to collect information during the risk screening process.
- Screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).
- Screening staff use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment.
- Completion of the risk screening instrument returns a subsequent "score" or determination of risk of being sexually abused or being sexually abusive.

During the site review process, the auditor observed the safeguards the facility had in place to protect sensitive information related the risk screening process. Sensitive information was only accessed by approved staff and were either locked in filing cabinets or electronic access which was password protected for authorized staff.

The auditor interviewed staff responsible for the risk screening process who

	<p>confirmed risk screening takes place within 72 hours of arrival at the facility. The auditor also interviewed random inmates throughout the facility who overwhelmingly confirmed adherence to this provision. The auditor also interviewed the PREA Coordinator and PREA Compliance Manager who confirmed the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.</p> <p>The auditor spot-checked inmate records at the facility which indicated inmates were screened within 72 hours of their intake and that inmates were reassessed for their risk of victimization or of being sexually abusive within 30 days after their arrival based upon any additional, relevant information received since intake.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.42 Use of screening information	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy IS5-2.3 addresses how the facility makes individualized determinations about how to ensure the safety of each inmate. Policy D1-8.13 dictates how the facility in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The facility provided examples of risk screening information and how they use the information to make housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The auditor interviewed the PREA Compliance Manager and staff responsible for risk screening at the facility that confirmed adherence to individualized determinations for inmates' facility and agency wide. They also confirmed placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. The PREA compliance manager explained there was an individual shower in each housing unit that had a door that offered transgender inmates the ability to shower separately.</p> <p>The auditor interviewed multiple transgender inmates at the facility. Transgender inmates reported they had not been placed in housing units only for transgender or intersex inmates. They also felt their own views with respect to their safety was given serious consideration. Transgender inmates all reported they were afforded the</p>

	<p>opportunity to shower separately from other inmates.</p> <p>During the site review process the auditor observed showers in housing units with doors that enabled transgender and intersex inmates to shower separately from other inmates.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policies D1-8.13 and IS5-2.3 prohibit the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Policy IS5-2.3 also requires that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. The facility PAQ reported there were zero inmates held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of an assessment. The PAQ also reported there was a total of zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. The facility PAQ reported there were a total of zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months.</p> <p>The auditor interviewed the Warden who confirmed that inmates are never placed in involuntary segregated housing as a result of an inmate's high risk of sexual victimization.</p> <p>The auditor also interviewed inmates who were housed in segregated housing but those who were interviewed reported they desired to be in segregated housing for their own personal safety concerns.</p> <p>The auditor spot-checked inmate records provided from the facility and there were no instances observed where inmates were placed in segregated housing for any extended period of time and certainly nothing close to 30 days or more.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.51	Inmate reporting
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1469 790">Agency policy D1-8.13 addresses the multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This policy also mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Policy D1-8.13 addresses a method for staff to privately report sexual abuse and sexual harassment of inmates. The provided employee handbook confirms that staff are immediately required to document verbal reports. The PAQ included an MOU with the Missouri Department of Safety which provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p data-bbox="256 835 1469 1361">During the site review process the auditor actively observed all posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage observed included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Signage was provided in both English and Spanish, the other most commonly spoken language at the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The auditor observed the information on the signage was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone numbers. The auditor observed signage on how to report sexual abuse and sexual harassment using both internal and external reporting methods.</p> <p data-bbox="256 1373 1461 1529">The auditor did make a recommendation to the facility that they construct a centralized location and bulletin board space accessible to all inmates in the housing units specifically. The facility agreed to and constructed these bulletin boards which enhanced how PREA information was available to all inmates housed at the facility.</p> <p data-bbox="256 1541 1441 1787">The auditor also observed the generalized locations of inmate mailboxes and receptacles placed throughout the facility where all inmates had access. Mailboxes were secure with locking mechanisms and only authorized staff at the facility has access to these boxes, which were never handled by other inmates. The auditor successfully tested external reporting by phone which worked appropriately and effectively.</p> <p data-bbox="256 1821 1441 1977">The auditor interviewed random staff throughout the facility who were overwhelmingly aware of how to confidentially report incidents of sexual abuse and sexual harassment that was outside of their immediate chain-of-command or administration.</p> <p data-bbox="256 2033 1453 2110">Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is</p>

	substantially compliant with this standard and all of its provisions.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D5-3.2 illustrates the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. This same policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Inmates are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policy also illustrates that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The agency's policy requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.</p> <p>Policy allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. Agency policy has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Agency policy dictates inmates may be disciplined for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. The facility PAQ reported there were zero grievances filed within the last 12 months alleging sexual abuse. The PAQ also indicated there were a total of zero emergency grievances alleging substantial risk of imminent sexual abuse filed within the last 12 months. The PAQ indicated there were zero grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith within the last 12 months.</p>

	Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 provides direction on how the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. The facility PAQ indicated the facility does not currently have an MOU with community service providers but they have attempted to enter into such agreements without success. The facility provided documentation related to their attempts to enter into agreements with outside providers.</p> <p>The facility provided both English and Spanish versions of PREA information posters outlining emotional support services are provided in writing or by phone to Just Detention International and to RAINN by mail or telephone at no charge.</p> <p>During the site review process the auditor observed signage specific to emotional support services that clearly details the services and how to make contact with ongoing emotional support. The auditor requested an inmate test access to emotional support services by telephone. This test was conducted on an inmate tablet which inmates have the ability to make telephone calls through. Inmates also have the ability to contact these agencies by inmate telephone banks located inside housing units. The auditor's assessment of this process was that it was easy to operate, inmates understood how to make contact with these outside agencies, they could do so without financial cost and there was reasonable access for those inmates considered limited English proficient and disabled.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The facility PAQ illustrated multiple methods to receive third-party reports of sexual abuse and sexual harassment and how they distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The auditor reviewed the external agency website which provided a telephone number, the ability to write directly to the PREA Unit for the Missouri Department of Corrections and the ability to email directly to the Missouri Department of Corrections.</p> <p>During the site review process the auditor observed clear and obvious signage related to third-party reporting throughout the facility including public areas which can be accessed by family members, friends, advocates and attorneys.</p> <p>The auditor chose to test the third-party reporting email reporting mechanism during the audit process. The auditor was able to clearly and easily submit an email test complaint which the facility promptly responded to.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy D1-8.13 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also contains language indicating apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The facility also provided an excerpt from Missouri Revised Statutes related to mandatory reporting responsibilities further illustrating this requirement.</p> <p>During the site review process the auditor observed how the facility processed all types of methods of reporting for staff, volunteers and contractors. Reporting methods were available on demand and to all staff/supervisory staff at the facility.</p> <p>The auditor interviewed random staff throughout the facility who all reported their duty to report all instances of sexual abuse and sexual harassment immediately. The duty to report was also a requirement for instances of retaliation for individuals who</p>

	<p>reported or witnessed instances of sexual abuse or harassment.</p> <p>The auditor interviewed medical and mental health staff at the facility who indicated unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>The auditor interviewed the facility Warden and Agency PREA Coordinator who confirmed that if an alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Interviews also confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the facility's designated investigators.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy D1-8.13 dictates when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The facility PAQ reported during the last 12 months there were zero instances when the agency determined an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>The auditor interviewed the agency Director, Warden and a sampling of random staff throughout the facility all of which indicated that immediate action is taken to protect an inmate the facility learns is at risk of imminent sexual abuse and articulated part of the agency coordinated response plan.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>

	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 dictates that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This agency policy also requires that notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The policy requires the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The facility PAQ indicated that over the past 12 months they have received zero allegations that an inmate was abused while confined at another agency. The PAQ reported they document they provide such notifications within 72 hours of receiving these allegations. The PAQ indicated over the past 12 months there have been zero allegations of sexual abuse the facility received from other facilities.</p> <p>The auditor interviewed the agency Director and Warden who both confirmed the agency response to allegations of sexual abuse and sexual harassment received from outside agencies and for allegations made inside a facility that occurred at another facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy D1-8.13 provides clear guidance that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. This policy also requires if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ indicated there have been</p>

	<p>zero instances where an allegation of sexual abuse occurred and the first responder was not security staff.</p> <p>The auditor interviewed both random security staff and non-security staff first responders who confirmed their immediate steps to protect inmates and collect evidence without destruction. The auditor also interviewed 4 inmates who reported sexual abuse in the facility. If applicable to their individual situation, inmates reported that staff acted appropriately and quickly to make them feel safe and offer services available by the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The PAQ indicated they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership (Coordinated Response Plan).</p> <p>The auditor interviewed the facility Warden who confirmed the existence of a facility coordinated response plan.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D2-11.6, the provided collective bargaining memo and Labor agreement between the State of Missouri Department of Corrections and Missouri Corrections Officers Association illustrated that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with</p>

	<p>any inmates pending the outcome of an investigation of, or a determination of whether and to what extent discipline is warranted.</p> <p>The auditor interviewed the agency Director who confirmed any agreements entered into permit the agency from removing alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent to discipline.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy D1-8.13 establishes a process to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. This policy requires that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated the facility designates a specific staff member with monitoring possible retaliation. The PAQ indicated there were zero instances of retaliation that occurred in the past 12 months.</p> <p>The auditor interviewed the agency Director who reported retaliation monitoring on all victims, witnesses, and reporting parties. He also explained the retaliation monitoring process and how long monitoring takes place. Interview with the Warden and staff member charged with monitoring retaliation reported they monitor housing changes, transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy D1-8.13 prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ indicated there have been zero instances of inmates that were placed in involuntary segregated housing in the past 12 months for one to 24 hours awaiting the completion of an assessment.</p> <p>The auditor interviewed the Warden, staff who supervise inmates in segregated housing and inmates in segregated housing who allege to have suffered sexual abuse. The interviews all indicated that facility procedure is not to place inmates who have alleged to have suffered sexual abuse in segregated housing. The inmate interviewed who alleged to have suffered sexual abuse, desired to be in segregated housing out of abundance of safety concerns.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.1 requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The PAQ indicated that all substantiated allegations of conduct that appear to be criminal are referred for prosecution. The PAQ reported there were zero allegations at the facility that were referred for criminal prosecution since the last PREA audit. The facility provided their retention schedule regarding criminal and administrative investigations related to sexual abuse.</p> <p>The auditor interviewed investigative staff who confirmed that all investigations are handled promptly and professionally regardless of how the information is received, including third-party reports. The investigator confirmed investigators received specialized training regarding investigating sexual abuse in confinement settings.</p> <p>The auditor reviewed investigative files while conducting the onsite portion of the audit. The auditor observed investigations, for the most part, that were conducted</p>

	<p>promptly, thoroughly and objectively. Investigative files reviewed also illustrated that investigators gathered and preserved direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewed alleged victims, suspected perpetrators, and witnesses; and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigative files reviewed indicated that when the quality of evidence appeared to support criminal prosecution, the agency conducted compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p>During the site review process the auditor observed physical storage areas where investigative files were stored. This information was under lock and key and only those individuals authorized to the information had access. Any electronic means of storage was password protected.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies D1-8.4, D1-8.1 and D1-8.13 outline that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The auditor interviewed investigative staff during the audit who confirmed the preponderance of evidence standard requirement.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 requires that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be</p>

	<p>substantiated, unsubstantiated, or unfounded. The policy also requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy additionally requires that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The policy requires that all such notifications or attempted notifications are documented. The facility PAQ reported in this standard that there were zero cases of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. The auditor had this information clarified in the post audit reporting form and will be included in the final report by the auditor because the PAQ was submitted by the facility prior to verifying actual case numbers.</p> <p>The auditor interviewed the facility Warden and investigative staff, both of which confirmed that inmates are always advised of the outcomes of investigations. The auditor also interviewed 4 inmates who reported sexual abuse at the facility. One of the inmate investigations was still ongoing, two inmates reported they were advised of the outcome and one inmate who reported he was never advised of the outcome of the investigation. The auditor determined this information was not correct based on investigation file reviews.</p> <p>The auditor reviewed sample investigations while at the facility. All investigations the auditor reviewed included documentation indicating the inmate was advised of the outcome of the investigation; substantiated, unsubstantiated or unfounded.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policies D2-11.10 and D1-8.13 dictate that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy D2-11.10 outlines the disciplinary

	<p>sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This policy also dictates that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the PAQ the facility provided examples of staff that were terminated as the presumptive disciplinary for staff who have engaged in sexual abuse. The PAQ indicated there were 2 cases in the last 12 months that resulted in termination for violating agency sexual abuse or sexual harassment policies. The PAQ indicated in the past 12 months there was one staff member from the facility that had been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policies D1-8.13 and D2-13.1 dictate that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated there had been zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates. The PAQ indicated the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The auditor interviewed the facility Warden who stated in the case of volunteers and contractors they follow the facility coordinated response plan and immediately remove the contractors and volunteers from inmate contact.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies D1-8.13 and IS19-1.6 indicate that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Policy D1-8.13 dictates that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This policy also prohibits all sexual activity between inmates and may discipline inmates for such activity. The PAQ reported that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The facility reported they offer victim impact programming, mental health counseling, anger management and pathway to change to modify behaviors.</p> <p>The auditor interviewed the facility Warden who confirmed the disciplinary process for inmates accused of inmate-on-inmate abuse. Interviews were conducting with mental health staff at the facility verifying what services are provided inmates to correct the underlying reasons or motivations for abuse.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy IS11-32 indicates that if the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This policy requires that if the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The agency PREA Risk</p>

	<p>Assessment Manual requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy IS11-32 dictates that medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The PAQ indicated that during the past 12 months 100 percent of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.</p> <p>The auditor interviewed inmates at the facility that disclosed sexual victimization at the facility. One inmate reported it was not applicable to their situation, one indicated they did not want the follow-up meeting and one was confused about who they reported the information to at the time it was disclosed. The auditor also interviewed staff responsible for risk screening who confirmed inmates are referred to mental health when the information is entered into their electronic tracking system. The auditor also interviewed medical and mental health staff at the facility who confirmed they obtain informed consent from inmates.</p> <p>During the site review process the auditor observed the physical storage locations of sensitive information collected related to the PREA standards. Hard copy information is stored in locked offices and in locked filing cabinets where only authorized medical and mental health staff have access. All electronic records are stored securely and password protected.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility PAQ indicated that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The PAQ indicated inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access</p>

	<p>to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Agency policy D1-8.13 dictates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The auditor interviewed medical and mental health staff at the facility. Both medical and mental health staff reported that inmate victims of sexual abuse received timely unimpeded access to emergency medical treatment. Security staff were also interviewed and overwhelmingly able to convey what was essentially part of their coordinated response plan when a sexual abuse incident occurs.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy D1-8.13 dictates facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The policy requires that all inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and treatment services are provided without financial cost to the inmate. The policy also dictates that the facility attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The auditor interviewed medical, mental health staff and inmates who reported sexual abuse at the facility confirmed the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health staff both reported that treatment services provided are consistent with community level care.</p> <p>During the site review process the auditor confirmed through observations and records provided that this was a male facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-813 requires that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The policy requires the sexual abuse incident review team to consist of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility also provided examples of completed sexual abuse incident reviews which they refer to as a debriefing. The PAQ indicated the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>The auditor reviewed multiple additional examples of sexual abuse incident reviews associated with investigations. The auditor observed that incident reviews were conducted with input from upper-level management officials. The auditor observed a few examples of incident reviews that were not completed with the normal 30 days after the conclusion of an investigation. The auditor worked directed with facility staff to help identify any issues of tracking associated with the completion of incident reviews. The facility committed to completing the few incident reviews outstanding and produced an ongoing written directive reinforcing the policy requirement to complete sexual abuse incident reviews within 30 days of the conclusion of a sexual abuse investigation.</p> <p>The auditor interviewed the facility Warden who confirmed the existence of a sexual abuse incident review team that included all required upper-level management officials and others involved with the incident.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 and data collection memo dictate how agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The policy mandates the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The facility PAQ indicated the agency aggregates the incident-based sexual abuse</p>

	<p>data at least annually. The PAQ indicated the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PAQ indicated upon request, the agency has provided all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information provided in the PAQ indicated the agency reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The most current annual report was provided through the PAQ. The 2021 annual report included a comparison of the current year's data and corrective actions with those from prior years and provided an assessment of the agency's progress in addressing sexual abuse. The PAQ also indicated the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The auditor interviewed the agency Director, PREA Coordinator and PREA Compliance Manager who all verified the requirements of this standard and provision is being met.</p> <p>The auditor reviewed the agency annual report via the public website. The PAQ indicates the annual report is approved by the agency Director.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The facility provided a copy of the agency retention schedule related to data collection and retention for PREA related investigations and statistical information. The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency remove all personal identifiers.</p> <p>The auditor interviewed the agency PREA Coordinator who stated the only sources of data is secured in the administration with event files, in IRIS, and Filebound which only investigations and facility administration has access to.</p> <p>During the course of the site review process the auditor observed physical storage locations of information that is documented and collected in hard copy format. All observed areas were locked in offices and double locked in filing cabinets to ensure the privacy and the safety of the information.</p> <p>The auditor reviewed the agency public website and confirmed through observation that the agency makes available aggregated sexual abuse data.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>The auditor reviewed the agency website which illustrated that each facility has been audited, specifically during the three-year audit cycle as required. The agency website also illustrated that at least one-third of each facility types operated by the agency has been audited.</p> <p>The auditor was provided full access to, and had the ability to observe all areas of the facility during the audit.</p> <p>The auditor was permitted to and received copies of any relevant documents (including electronically stored information) during the audit.</p> <p>The auditor was permitted to conduct private interviews with inmates during the onsite portion of the audit.</p> <p>The auditor confirmed through photos of audit notices that the facility posted audit notices at least 6 weeks prior to the onsite portion of the audit. Additionally, audit</p>

	<p>notification was posted on inmate tablets at least 6 weeks prior to the audit. Both physical notices and electronic notices were provided in both English and Spanish.</p> <p>The auditor interviewed random inmates at the facility who confirmed they were aware of the PREA audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, all Final Audit Reports. The review period is for prior audits completed during the past three years preceding this audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>

PREA Facility Audit Report: Final

Name of Facility: Potosi Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/12/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Valerie Wolfe Mahfood	Date of Signature: 08/12/ 2023

AUDITOR INFORMATION	
Auditor name:	Mahfood, Valerie Wolfe
Email:	wolfemahfood@aol.com
Start Date of On-Site Audit:	06/26/2023
End Date of On-Site Audit:	06/28/2023

FACILITY INFORMATION	
Facility name:	Potosi Correctional Center
Facility physical address:	11593 State Highway O, Mineral Point, Missouri - 63660
Facility mailing address:	

Primary Contact	
Name:	Daniel Francis
Email Address:	Daniel.Francis@doc.mo.gov
Telephone Number:	5732188764

Warden/Jail Administrator/Sheriff/Director	
Name:	David Vandergriff
Email Address:	David.Vandergriff@doc.mo.gov
Telephone Number:	5734386000

Facility PREA Compliance Manager	
Name:	Daniel Francis
Email Address:	daniel.francis@doc.mo.gov
Telephone Number:	O: 5734386000 ext 1203

Facility Health Service Administrator On-site	
Name:	Amy Courtney
Email Address:	Amy.Courtney@doc.mo.gov
Telephone Number:	5734386000

Facility Characteristics	
Designed facility capacity:	942
Current population of facility:	849
Average daily population for the past 12 months:	845
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	20-83
Facility security levels/inmate custody levels:	Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	264
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	41

AGENCY INFORMATION

Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:

Name:	Anne L. Precythe
Email Address:	Anne.Precythe@doc.mo.gov
Telephone Number:	573-526-6607

Agency-Wide PREA Coordinator Information

Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

8

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.14 - Youthful inmates
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.31 - Employee training
- 115.51 - Inmate reporting
- 115.53 - Inmate access to outside confidential support services
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.401 - Frequency and scope of audits

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-26
2. End date of the onsite portion of the audit:	2023-06-28

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International, Southeast Missouri Family Violent Council

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	942
15. Average daily population for the past 12 months:	845
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	849
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	47
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	237
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	209
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	36
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	38

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	11
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	7
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	99
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Inmates were allowed to self-select out of and/or into all targeted categories during the interview process. As such, while facility records may or may not include inmates within targeted categories, targeted protocols were still completed for any inmate who self-selected into any targeted protocol at the time of the interview. Also, it should be noted that if there were not sufficient numbers of inmates assigned to the facility within a targeted group, oversampling was done in other targeted groups to ensure the minimum number of targeted interviews were conducted.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	264

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	41
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	9
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	NA
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None

If "Other," describe:	Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst population.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Housing Rosters
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	NA
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	17
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	6
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	7
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed facility documentation, asked staff working in segregated areas, and asked all inmates interviewed for relevant information.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>Inmates were allowed to self-select out of and/or into all targeted categories during the interview process. As such, while facility records may or may not include inmates within targeted categories, targeted protocols were still completed for any inmate who self-selected into any targeted protocol at the time of the interview. Also, it should be noted that if there were not enough inmates assigned to the facility within a targeted group, oversampling was done in other targeted groups to ensure the minimum number of targeted interviews were conducted. Lastly, no inmates refused to interview.</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility </div> <div> <input checked="" type="checkbox"/> Shift assignment </div> <div> <input checked="" type="checkbox"/> Work assignment </div> <div> <input checked="" type="checkbox"/> Rank (or equivalent) </div> <div> <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) </div> <div> <input type="checkbox"/> None </div>
If "Other," describe:	Gender, race, ethnicity, languages spoken, or other distinguishing factors amongst staff relative to their employment.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div>

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	NA
Specialized Staff, Volunteers, and Contractor Interviews	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	20
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Commissary, Grievance, Mailroom Staff, Training Staff, Chaplain, Law Library
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	NA
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	NA
Documentation Sampling	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Additional documentation sampling respective to the interview component of the triangulation process.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	9	0	9	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	11	0	11	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	8	0	8	0
Staff-on-inmate sexual harassment	19	0	19	0
Total	27	0	27	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	8	0	1	0
Staff-on-inmate sexual abuse	0	2	0	0
Total	8	2	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	3	2	1	2
Staff-on-inmate sexual harassment	2	15	0	2
Total	5	17	1	4

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

10

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	8
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

4

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

MDOC beginnings all investigations at the criminal level. If the allegations fail to reach the criminal threshold, MDOC will continue the investigation at the administrative level.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 MDOC Organizational Chart, 3-7-22 MDOC Organizational Chart, Office of the Director, 3-7-33 MDOC Organizational Chart, Division of Human Services, 3-7-22 MDOC Organizational Chart, Division of Adult Institutions, 3-7-22 MDOC Organizational Chart, Division of Offender Rehabilitation Services, 3-7-22 MDOC Organizational Chart, Division of Probation & Parole, 3-7-22

- MDOC PREA Organizational Chart, 10/22
- PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19
- PCC Coordinated Response Plan, 8-23-16
- PCC Organizational Chart

Interviews:

- Agency Head
- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Agency PREA Coordinator, in conjunction with an Assistant PREA Coordinator and the Potosi Correctional Center (PCC) PREA Site Coordinator, oversee the PCC PREA program.
- The PCC PREA Site Coordinator is physically assigned to the PCC and maintains a permanent office, with routine activities, within said institution as a function of staff assignment.

Standard Subsections:

(A) D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19, provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It outlines the agency's approach to preventing, detecting, and responding to such conduct. It also works to establish "the department's zero tolerance for offender sexual abuse and harassment and establishes strategies and responses to reduce and prevent offender sexual abuse and harassment" (D1-8.13).

(B) The agency has employed an agency-wide PREA Coordinator. This position is within the upper hierarchy of organizational authority within the MDOC. The PREA Coordinator's sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. In doing so, the PREA Coordinator is charged with the direct supervision of one Assistant PREA Coordinator. The PREA Coordinator, in coordination with the Assistant PREA Coordinator and facility wardens, oversee the implementation of PREA standards at the facility level.

(C) The State of Missouri operates numerous penal institutions. Each warden within said institution has been charged with designating a PREA Compliance Manager, also known as a PREA Site Coordinator. The PCC Warden affirms designation of the PCC PREA Site Coordinator to serve in this capacity. The PCC PREA Site Coordinator further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.

Reasoning & Findings Statement:

This standard works to ensure the agency operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated persons. As well, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. In addition to the overall agency policy, each facility, to include PCC, has further developed its own coordinated response plan to effectively apply the agency's broad policy to the uniqueness of their individual units. Such forethought ensures that every facet of the agency's policy is included in the standard operating procedures unique to every institution. Additionally, though the standard requires the minimum staffing of one agency-wide PREA Coordinator with individual PREA Compliance Managers assigned to each facility, the State of Missouri has exceeded this requirement through the additional employment of an Assistant PREA Coordinator. The sole function of this assistant position is to better coordinate and advance the implementation of the PREA standards and policies to significantly increase the sexual safety of all incarcerated persons within the MDOC. As well, although the standard requires only one PREA Compliance Manager is assigned to each facility, the PCC has exceeded that requirement by designating auxiliary staff to help facilitate the institution's PREA compliance program. As such, both the agency and the facility have clearly exceeded the basic requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- PCC Confinement Contract Memo, 6-7-23

Interviews:

- Agency Contract Administrator
- Agency PREA Coordinator
- Random Staff Interviews

Site Review Observations:

- The PCC is a publicly operated correctional facility through the Missouri Department of Corrections (MDOC).

Standard Subsections:

(A) The MDOC has a minimal number of contracts for the confinement of its inmates with other public and private agencies within its Parole Division. Per the Agency Contract Administrator, these agreements all require that the contracted agency adopts and complies with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).

(B) Per the Agency Contract Administrator, these contracts also contain language requiring that the MDOC monitors PREA compliance of all contracted facilities, as well as provide relevant training on their responsibilities under MDOC's policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the MDOC PREA auditing schedule, all MDOC facilities, either privately or publicly owned, are routinely audited for their compliance with the PREA

	<p>standards.</p> <p>Reasoning & Findings Statement:</p> <p>This standard ensures that all private entities contractually bound to the parent agency; namely, the Missouri Department of Corrections, complies with the PREA standards. In this, prior to engaging any contractual relationship with a public or private agency, the MDOC ensures that all agencies understand that it is their absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the MDOC, these agencies understand their continuing duty to remain in compliance with PREA standards. Lastly, these facilities are routinely audited on a rotating basis to encourage said compliance. Hence, the MDOC has met the established requirements under this standard.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · DSOP1-8.13, Offender Sexual Abuse and Harassment, 7-14-19 · MDOC IS20-1.1, Post Orders, 11-11-22 · MDOC PREA Staffing and Yearly Reporting Implementation Team, 5-4-10 · MDOC Institutional COI Post Analysis, 12-1-09 · PCC PREA Staffing Evaluation, 6-6-23 · PCC Rosters and Minimal Staff, 6-6-23 · PCC Video Surveillance Evaluation, 3-7-23 · PCC DSOP04-4.8, Security Camera Operations, 6-6-12 · PCC Staffing Plan, 3-7-23 · PCC Annual PREA Report, 2021

- PCC Annual PREA Report, 2022
- PCC Memo, Required Announcements, 6-24-20
- PCC 20-1.1, Post Orders, 4-1-15
- PCC Chronological Log, 6-26-23
- PCC Unannounced Rounds, Weekly: 1-2-221, 1-2-22b, 2-13-22a, 2-13-22b, 3-27-22a, 3-27-22b, 4-7-22, 7-17-22a, 7-17-22b

Interviews:

PCC Facility Warden
 Agency PREA Coordinator
 PCC PREA Site Coordinator
 Intermediate or Higher-Level Facility Staff
 Random Staff
 Random Inmates

Site Review Observations:

- All inmate housing areas contain at least one security staff post that is continuously monitored

by staff. All areas of high inmate traffic are assigned permanent staffing positions while in

operation.

- During the site review, supervisory staff were observed making routine and frequent rounds

throughout the facility. All random staff interviewed did indicate that supervisory staff were

available to them as needed and did conduct unannounced rounds as required. Supervisory staff were also observed conducting unannounced rounds within the facility. As well, inmates interviewed did confirm their access to supervisory staff on a routine and regular basis through, among other ways, their unannounced rounds of inmate housing areas.

- While conducting supervisory rounds, ranking officials were routinely observed reviewing

required documentation completed by line staff as a function of their duty posts.

- During the on-site portion of the audit, area logbooks were inspected to ensure supervisory

staff were conducting, and properly documenting, their unannounced rounds.

- Area logbooks were also reviewed to ensure that opposite gender advisements on all facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The PCC has developed and documented an annual staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. As confirmed by the PCC warden, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. The PCC Warden further noted that when present, the staffing plan would consider any findings of inadequacies made by federal investigative agencies, judicial, internal, or external oversight authorities. The PCC Staffing Plan requires that the unit considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programing needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. The PCC staffing plan was predicated consistent with average daily number of inmates assigned to the PCC. Lastly, as noted by the facility warden, Unit Administration does consider the nature of the inmate population and current issues/trends within the inmate population when determining staffing levels.

(B) MDOC policy governs the minimum use of employee staffing (PCC Staffing Plan). If unit staffing levels fall below these minimum requirements, MDOC policy further requires that facility staff properly document each occurrence. Within the past twelve months, the staffing levels of PCC have not fallen below the required levels.

(C) The facility conducts an annual review of its staffing plan. As evidenced via interviews with agency and facility staff, as well as documented as a function of the staffing plan review process, in completing the PCC staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the PCC PREA Site Coordinator, to develop the facility staffing plan in accordance with the 115.13(a). As

well, PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan and the use of video monitoring technologies within the facility.

(D) The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (D1-8.13). Policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted (D1-8.13, MDOC SOP20-1.1). The timing of the site reviewed allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed area logbooks throughout the facility. Said documentation did reflect that supervisory staff were conducting unannounced rounds. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds and were available to line staff if needed. Staff also noted that it was a violation of policy to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random inmates, offenders consistently stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility and were accessible to inmates if needed. During the site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas; thus, further supporting the claim that said staff are routinely present in inmate housing areas.

Reasoning & Findings Statement:

This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the audit time frame, the PCC has not deviated from its staffing plan. However, the agency does have a policy in place requiring all deviations of the staffing plan to be documented. To ensure that the sexual safety of offenders assigned to the PCC is given sufficient weight in determining facility staffing needs, the PCC staffing plan is reviewed annually in coordination with all PCC PREA staffing components, to include the average number of inmates assigned to the facility. Lastly, to ensure meaningful and effective correctional supervision, PCC supervisors routinely conduct and document unannounced rounds. As such, the PCC meets the requirements of this provision.

115.14	Youthful inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS5-3.1, Offender Housing Assignments, 2-9-19 · IS5-1.1, Diagnostic Center Reception and Orientation, 2-9-19 · MDOC Offender Rulebook, 2019 · Missouri State Statute, Chapter 217, Section 217.345, 8-28-13 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · PCC PREA Site Coordinator · PCC Facility Warden · Random Staff · Random/Targeted Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · While conducting the on-site review, the auditor did not observe any inmates who appeared excessively youthful. · In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less than 18 years before the date of the on-site review. · All inmates interviewed stated that they were at least 18 years of age and did not have any

knowledge of any inmates assigned to the PCC who were not at least 18 years of age.

Standard Subsections:

(A) Missouri statute, as well as MDOC policy (Offender Orientation Handbook, 2019), prohibits the placement of any inmate less than 18 years of age in a housing unit within sight or sound of any adult inmates. As well, adolescent offenders may not have any physical contact through the use of a shared dayroom or other common space, shower area, or sleeping quarters, with any adult inmate without direct supervision from correctional staff.

(B) As PCC does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful inmates and adult inmates.

(C) As PCC does not house any inmate less than 18 years of age, its unit administration has absolutely avoided placing any adolescent offenders in isolation in order prevent them from living within sight and sound of adult inmates. Hence, the PCC has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

Reasoning & Findings Statement:

This standard requires that the agency ensures sight and sound separation between adolescent offenders and adult inmates. Alternatively, the standard requires that there is direct staff supervision when adolescent offenders and adult inmates have the possibility of sight, sound, or physical contact. The MDOC mandates that without direct supervision, adolescent offenders cannot be housed in a correctional facility where they have sight, sound, or physical contact with any adult inmate. As PCC contains only adult housing units, PCC is prohibited from receiving, and subsequently housing, adolescent offenders. As such, the facility has exceeded this standard by maintaining an absolute and constant sight, sound, and physical barrier between adolescent offenders and incarcerated adults.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · DSOP1-8.13, Offender Sexual Abuse and Harassment, 7-14-19 · IS11-34.1, Health Assessment and/or Physical Examination at Reception, 7-17-21 · IS20-1.3, Searches, 4-23-23 · IS6-1.3, Offender Personal Appearance & Grooming, 12-23-22 · IS20-1.1, Post Orders, 11-11-22 · MDOC Training Academy Lesson Plan, 9-20-14 · MDOC Memo, Cross-Gender Announcement, Revision, 2-18-16 · MDOC Revised Training, Search Curriculum, 10-15-14 · PCC Memo, Required Announcements, 6-24-20 · PCC Unannounced Rounds, Weekly: 1-2-221, 1-2-22b, 2-13-22a, 2-13-22b, 3-27-22a, 3-27-22b, 4-7-22, 7-17-22a, 7-17-22b <p>Interviews:</p> <p>PCC PREA Site Coordinator PCC Facility Warden Intermediate or Higher-Level Facility Staff Random Staff Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex Random Inmates</p> <p>Site Review Observations:</p> <ul style="list-style-type: none"> · During the site review, staff were routinely observed making cross-gender announcements

when persons of the opposite gender entered inmate housing areas.

- Supervisory staff were observed conducting their routine security checks within inmate housing

areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and

scheduled rounds, were subsequently documented on the area logbooks.

- Review of area logbooks throughout the facility demonstrated that unannounced rounds were being conducted and female presence was being announced as required.

- Privacy shields were in place inhibiting the view into all inmate restrooms.

- Privacy shields were in place and/or available in all medical examination rooms.

- Privacy screens were noted in all shower areas.

Standard Subsections:

(A) Policy (D1-8.13, IS20-1.3) prohibits cross-gender unclothed or visual body cavity searches of inmates except in exigent circumstances or by medical practitioners. During the audit time frame, there have not been any (0) cross-gender strip or cross-gender visual body cavity searches of inmates. As such, there wasn't any relevant documentation to review.

(B) The PCC is a male facility. There are no biological females incarcerated at this facility.

(C) Policy (D1-8.13, IS20-1.3) requires that all cross-gender unclothed and visual body cavity searches are documented. During the audit time frame, there have not been any (0) cross-gender strip or cross-gender visual body cavity searches of inmates. As such, there wasn't any relevant documentation to review. However, it should be noted that all random staff interviewed understood that such action, while unlikely, would require justification.

(D) The PCC does have policies (D1-8.13, IS20-1.3) in place that allows offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing inmate buttocks or genitalia, except in exigent

circumstances or when such viewing is incidental to routine cell checks. Specifically, agency policy (D1-8.13) requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. The facility does follow policy in requiring that staff of the opposite gender announce their presence when entering an inmate housing area. All opposite gender random staff interviewed did confirm their adherence to said policy. As well, all other random staff confirmed this practice. During inmate interviews, most offenders confirmed that female staff do announce their presence upon entering inmate housing units. However, some offenders stated that announcements were not being made. To ensure the integrity of the provision, the need to engage opposite gender announcement was again reiterated to all staff. Lastly, it was noted that modesty barriers and curtains were in place throughout the facility to inhibit the viewing of inmates in a state of undress.

(E) MDOC policy (D1-8.13, IS11-34.1, IS20-1.3) prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an inmate is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. Instead, staff noted to determine gender, if necessary, they would contact the medical department, their supervisor, or simply ask the inmate.

(F) Records reflect that PCC security staff have been trained on proper policy specific to conducting cross-gender clothed searches and transgender clothed searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their receipt of said training within the last year, as well as their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate's genital status. MDOC procedures (D1-8.13) specify that "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." The MDOC Training Academy Lesson Plan regarding offender searches, provides clear instructions on how staff will perform searches of any inmate, to include transgender inmates. Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the PCC. As well, review of the facility training matrix reflects that 100% of all correctional staff assigned to the PCC have been trained on how to conduct searches in a professional and least intrusive manner as possible.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity

	<p>searches. The MDOC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender unclothed body or cavity searches, policy subsequently requires this search to be properly justified and documented. Agency security staff are trained on the proper procedures to conduct clothed searches on transgender and intersex inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. Agency policy also requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. During inmate interviews, most offenders confirmed that female staff do announce their presence upon entering inmate housing units. However, some offenders stated that announcements were not being made. To ensure the integrity of the provision, the need to engage opposite gender announcement was again reiterated to all staff. In total, the PCC has satisfied the requirements of this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Verbal Language Interpretation Services – Statewide, 8-28-22 · MDOC Sign Language Interpretation Services – Statewide, 8-28-22 · MDOC Offender Rule Book, 2019 · MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11 · MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders · MDOC Speaking Up – Transcript of (PREA) Video for Female Offenders · MDOC Memo, PREA – Offender Education, 4-11-12 · MDOC, Division of Adult Institutions, Offender Education Directive, 4-11-12 · Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille · Offender Sexual Abuse and Harassment Training Acknowledgment Form, English · Offender Sexual Abuse and Harassment Training Acknowledgment Form,

Japanese

- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese
- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Clock, English
- Sexual Abuse Awareness Reporting Poster, Female Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, English

- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, English
- Sexual Abuse Awareness Reporting Poster, Stop Sign, Spanish
- Sexual Abuse Awareness Reporting Poster, Stop Sign, English

Interviews:

- Agency Head
- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates with Disabilities
- Inmates with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly
announce inmate information, to include when female staff entered the housing area.
- Handicap accommodations were easily recognizable and accessible throughout the facility.
Handicap shower areas contained appropriate PREA modesty screens.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by
significant portions of the inmate population; namely English and Spanish.
- Braille materials were available to assist inmates with impaired vision.

- Language line services were available for staff to communicate with inmates who do not speak

English or a language common to facility staff.

- Video technology services were available for American Sign Language assistance.
- Staff translators speaking a variety of languages were available.
- Mental Health/Medical Services were available to assist cognitively or other disabled inmates.

Standard Subsections:

(A) The MDOC has developed an agency wide policy (D1-8.13) to enhance PREA communication efforts with disabled inmates, such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; to provide said inmates with an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The video format includes closed caption. Written versions of the policy are available in braille for the visually impaired. The PCC, as a facility within the MDOC system, maintains a contract for translation and interpretation services to assist inmates who do not speak a language common to PCC staff. In this, the language line services can also be used to translate PREA, as well other confidential information.

When interviewing random staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. When speaking with a LEP inmate, this person stated that their limited English proficiency had not prevented them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were also interviewed. These inmates all stated that either MDOC has made accommodations for their disabilities or that their disabilities did not prevent them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational pamphlet is printed in eight languages: English,

Japanese, Russian, Serbo Croatian, Simplified Chinese, Spanish, Traditional Chinese, and Vietnamese. It is also available in Braille, as well as large print. The PREA Offender Education Video can be seen by inmates in English and Spanish, along with being illustrated via closed captioning. As needed, per the PCC PREA Site Coordinator, language line services can also be used to translate PREA information into other languages, including American Sign Language.

(C) The MDOC has developed agency-wide policies that prohibit the use of inmate interpreters or other types of inmate-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (D1-8.13). The agency has also developed agency wide policies to enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (D1-8.13); so as to provide said inmates with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of inmate interpreters or other types of inmate-based assistance. PCC staff are aware of these agency policies and as affirmed during random staff interviews, do not utilize inmate interpreters for security sensitive matters. Additionally, agency documentation does not reflect that any (0) inmate interpreters have been used in any capacity of a sexual abuse or sexual harassment investigation during the audit time frame.

Reasoning & Findings Statement:

This standard seeks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said inmates have equal access. The MDOC recognizes that need and has provided informational brochures in the most common spoken inmate languages; namely, English and Spanish, as well as lesser spoken languages (Japanese, Russian, Serbo Croatian, Simplified Chinese, Traditional Chinese, and Vietnamese). These informational brochures are also available in Braille and large print. The PCC maintains sufficient stocks of PREA informational brochures in all printed languages to ensure their availability should it be required. Additionally, the PCC routinely stocks PREA informational brochures, as well as broadcasts PREA informational videos, in Spanish, the most commonly spoken language inside of PCC outside of English. The PREA video also contains closed captioning for the deaf/hearing impaired. Staff have been trained, and are provided continuous refresher training, in the management of inmates with sensorial disabilities, as well as in cultural awareness. Lastly, it should be noted that at no time during the audit time

	<p>frame has PCC used inmate interpreters to help agency staff communicate with another inmate regarding security sensitive information. For these reasons, it is more than evident that the PCC, in collaboration with the MDOC, has exceeded the requirements of this standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · DSOP1-8.13, Offender Sexual Abuse and Harassment, 7-14-19 · D2-11.14, Annual Employment Requirements, 11-1-15 · D2-13.1, Volunteers and Reentry Partners, 7-10-21 · D2-2.2, Background Investigations, 12-12-15 · D2-2.23, Candidate Selection, 6-3-22 · MDOC Employee Handbook, 2020 · MDOC Employee Handbook, 2010 · MDOC Applicant Statement · MDOC Hiring Process, 2-14-20 · <p>Interviews:</p> <ul style="list-style-type: none"> · Administrative (Human Resources) Staff · Agency PREA Coordinator · PCC PREA Site Coordinator · PCC Facility Warden

Site Review Observations:

- Review documentation of recently hired/promoted employee files.
- Review of volunteer and contractor PREA Acknowledgement/Training forms.
- Review of PCC employee PREA training documents.

Standard Subsections:

(A) The MDOC has developed agency wide policies (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with inmates, while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment or moral turpitude will be considered. According to Human Resource staff, prior to hiring any new employee, the MDOC Central Office will ensure that criminal background checks have been conducted on the prospective employee. As well, Human Resource staff ensure that all previous institutions of employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, unless it is prohibited by law, policy also requires that the PCC cooperate with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

(B) MDOC policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the MDOC Human Resource representative, agency policy requires that Human Resource staff verify contractor employment history. In this, the facility conducts routine criminal background checks on contractors prior to employment and then at subsequent intervals as required by policy.

(C) Before hiring or promoting employees, policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires the agency to perform criminal background checks. Policy also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. In speaking with the PCC Human Resource representative, agency policy requires Human Resource staff verify staff employment history. In this, the Central Office conducts routine criminal background checks on staff prior to employment and then at subsequent intervals as required by policy.

(D) Agency policy (D1-8.13) requires that prior to enlisting the services of any contractor who may have contact with inmates, the facility performs a criminal background record check on said contractors. In speaking with PCC PREA Site Coordinator, it was noted that all contracted staff assigned to PCC; namely medical and mental health Centurion employees, have had criminal background checks preformed on them by their primary employer, Centurion, prior to their being hired. However, as this process was not consistent with agency policy, corrective action was taken to ensure MDOC policy is enforced. Namely, per policy #D1-8.13, it is the responsibility of the Chief Administrative Officer to ensure criminal background and PREA checks are conducted and maintained on all employees, to included contracted staff, by the institution employing said persons.

(E) Once employed, agency policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires that criminal background checks are subsequently monitored for staff/ contractor contact with law enforcement agencies. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(F) All applicants, employees, and contractors are required to disclose (during the application process) any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the MDOC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(G) Agency policy expressly advises employees that material omissions or providing

	<p>false information regarding the aforementioned misconduct is grounds for termination.</p> <p>(H) Per PCC Human Resource staff, agency policy allows that unless prohibited by law, the MDOC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires the agency to consider the sexual safety of inmates in the hiring of all employees and contracted staff, as well as in all hiring and promotion decisions within the agency. PREA standards also require that, once hired, staff and contractor background checks occur once every five years. The agency has numerous practices in place to ensure that end. Prior to hiring any new employee, the MDOC Central Office will ensure that criminal background checks have been conducted on the prospective employee. Agency policy also requires that prior to enlisting the services of any contractor who may have contact with inmates, the facility performs a criminal background record check on said contractors. During the onsite review, it was noted that while these practices are in effect for both employees and contracted staff, the checks were not being conducted by the appropriate designated position within the agency. Corrective action was taken to ensure that the proper office conducts said checks. Nonetheless, a review of employee and contractor files does still reflect that the PCC is in compliance with having conducted the required background and PREA checks. As such, the PCC meets the requirements of this standard.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 • DSOP1-8.13, Offender Sexual Abuse and Harassment, 7-14-19

- PCC Annual PREA Report, 2022
- PCC Annual PREA Report, 2021

Interviews:

- Agency Head
- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden

Site Review Observations:

- Observed video monitoring technologies present within the facility.

Standard Subsections:

(A) Per the PCC Warden, the PCC has made a substantial modification of the existing facility within the audit time frame; specifically, closing one housing unit. In this, the PCC Warden noted that unit administration considered the effect that the modification had the facility's ability to protect inmates from sexual abuse. Prior to this modification, the PCC Warden noted that the closure was discussed with both the PCC PREA Site Coordinator and the agency's PREA Coordinator.

(B) Per the PCC Warden, the PCC has installed or updated the video monitoring system or other monitoring technology since the last PREA audit. In doing this, the facility did consider the impact of video surveillance on enhancing offender protection from sexual abuse.

Reasoning & Findings Statement:

Within the audit time frame, PCC has made a substantial modification to its existing facilities. In doing this, unit administration did consider the effect that the

	<p>modification had on the facility's ability to protect inmates from sexual abuse. Also, prior to the modification, the changes were discussed with the PCC PREA Site Coordinator and the agency's PREA Coordinator. Additionally, as a function of its annual staffing review, the PCC does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the PCC seeks to maximize the facility's ability to protect inmates from sexual abuse. As such, the PCC has met the provisions of this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21 · D1-8.1, Office of Professional Standards, 7-1-17 · IS5-3.1 Offender Housing Assignments, 2-9-19 · MDOC MOU Missouri Coalition and Domestic and Sexual Violence, Advocacy Training, 9-10-13 · MDOC Forensic Exam Memo, 3-15-23 · MDOC Memo, Evidence Protocol, 3-15-23 · MDOC Memo, Evidence Protocol, 8-29-17 · MDOC Agency Use SANE Hospitals, 2023 · MDOC MOU Corizon, Specific Hospital Services · MDOC Corizon SANE Nurse Credential Log, 4-13-18 · MDOC Memo, Local Law Enforcement's Use of PREA Standards, 6-6-14 · Missouri State Statute, Chapter 217, Section 217.345, 8-28-13 · DSOP1-8.13, Offender Sexual Abuse and Harassment, 7-14-19

- PCC DOC PREA Training: Advocacy with Survivors of Sexual Victimization, 3-14-17
- PCC MOU Southeast Missouri Family Violence Council, 10-18-13
- PCC MOU Southeast Missouri Family Violence Council, 4-26-23

Interviews:

- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Investigative Staff
- Random Staff
- Medical and Mental Health Staff
- SAFE/SANE
- Local Rape Advocacy Center
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Reviewed complete PREA investigation files at PCC.

Standard Subsections:

(A) Agency policy mandates that PREA Unit Investigators and PREA Site Investigators are responsible for investigating all allegations of sexual abuse. In this, policy requires that the PREA Unit and Site Investigators follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.

(B) While the PCC does not house adolescent offenders, it does still utilize a

developmentally appropriate youth protocol. Furthermore, agency policy requires the facility to utilize an evidence protocol that was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents.

(C) In accordance with agency protocol, the PCC does ensure that all inmates are given access to forensic medical examinations without cost (D1-9.13, D1-8.8, D1-8.13). There are medical staff assigned to the PCC who are qualified SAFE/SANE nursing staff. As SAFE/SANE staff at the PCC are either on duty or on call 24 hours a day, seven days a week, forensic examinations will always be performed by a qualified medical practitioner. During the audit time frame, the PCC has been required to facilitate four (4) such forensic medical examinations.

(D) The agency does attempt to make a victim's advocate available for offender support. In this, the facility has reached a Memorandum of Understanding with a local rape advocacy center; namely, Southeast Missouri Family Violence Council. As well, facility staff have received qualifying training specific to advocacy services and sexual assault.

(E) In accordance with policy (D1-9.13, D1-8.8, D1-8.13), and as requested by the victim, a rape advocacy person may remain with the inmate through the forensic medical examination process and investigatory interviews. Per the agency PREA Coordinator, this person may also provide emotional support, crisis intervention, information, and referrals.

(F) Agency policy (D1-9.13, D1-8.8, D1-8.13) mandates that the PREA Unit Investigators and PREA Site Investigators are responsible for investigating criminal allegations of sexual abuse. To this effect, agency policy does require that the PREA Unit Investigators and PREA Site Investigators utilize agency protocol that is based on the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol. However, in the event that an outside law enforcement agency does investigate criminal allegations of sexual abuse within the facility, the PCC has requested that the local sheriff's office utilize practices compliant with the PREA standards.

(G) The auditor is not required to audit this provision.

	<p>(H) Only qualified persons may serve as a victim advocate. As such, facility has reached a Memorandum of Understanding with a local rape advocacy center; namely, Southeast Missouri Family Violence Council. In consideration of this understanding, all advocacy staff have received appropriate training. Additionally, agency staff who serve as inmate advocates during the processing of a sexual abuse investigation have also received appropriate training regarding such advocacy. In this manner, the agency has ensured that all persons who have advocacy contact with PCC inmates have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.</p> <p>Reasoning & Findings Statement:</p> <p>This standard concerns evidence protocol, forensic medical examinations, and rape crisis advocacy services. Agency policy requires investigative staff to utilize a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. This protocol was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents. In this, the facility has reached a Memorandum of Understanding with a local rape advocacy center; namely, Southeast Missouri Family Violence Council to ensure advocacy persons are available to provide offenders with advocacy services through the forensic medical examination process and subsequent investigatory interviews. As well, facility-based staff have received appropriate training as inmate advocates during sexual abuse investigations. Victim advocates may also provide inmates with emotional support, crisis intervention, information, and referrals. During the audit time frame, the PCC has initiated the evidence protocol and forensic medical examination process four (4) times. In this, agency policy does require at all forensic exams are performed by qualified SAFE/SANE practitioners. As such, the PCC has met the requirements of this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21

- D1-8.1, Office of Professional Standards, 7-1-17
- D1-8.4, Institutional Investigations, 10-24-21
- MDOC Investigations Memo
- PCC Coordinated Report Plan, 10-13-16
- PCC Annual PREA Report, 2022
- PCC Annual PREA Report, 2021

Interviews:

- Agency Head
- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Agency Investigative Staff
- Medical Staff
- Mental Health Staff
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Reviewed sixteen (16) completed PREA investigation files at PCC.

Standard Subsections:

(A) Policy (D1-81.3, D1-8.8, D1-8.1, D1-8.4) requires that administrative or criminal investigations be completed for all allegations of sexual abuse and sexual harassment. Within the audit time frame, the PCC has received a total of fifty-eight (58) sexual abuse and sexual harassment allegations. All those, sixteen (16) investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed as required by policy. Additionally, the

auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made. At the time of the audit, the majority of said cases had been closed. As such, it is clear that the agency does ensure that either a criminal or administrative investigation is completed for allegations of sexual abuse and sexual harassment.

(B) The PCC refers all allegations of sexual abuse to PREA Unit or PREA Site Investigators. When investigations are escalated to a criminal level, they are worked in coordination with a local law enforcement agency with legal authority to conduct criminal investigations, as well as in consultation of the local District Attorney's Office. All referrals to law enforcement are documented by the facility. The MDOC has published relevant information to the PREA program, as well as the investigation process, on the agency website.

(C) In accordance policy (D1-8.13) the PREA Unit Investigators "shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website."

(D) The agency is responsible for conducting administrative and criminal investigations of alleged sexual abuse (D1-8.13, D1-8.8, D1-8.1, D1-8.4).

(E) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that referrals of sexual abuse and sexual harassment allegations are made for further investigation to proper law enforcement agencies. The MDOC does have appropriate policies in place mandating referrals of said allegations when appropriate. In interviewing the PREA Unit and onsite PCC Investigative staff, it is clear said staff refer all investigations to local law enforcement agencies as required by policy. In doing so, MDOC policy requests that all outside local law enforcement agencies conduct their investigations in accordance with the requirements of the PREA Standards. PCC investigative staff provided sufficient documentation to evidence the facility's adherence to agency protocol. As such, the PCC complies in all material ways with this standard for the relevant review period.

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS20-1.3, Searches, 4-23-23 · D2-12.10, Training, 3-10-23 · MDOC Notice of PREA material available to all staff via agency intranet · MDOC Training Academy PREA Basic Training Lesson Plan, 2013 · MDOC PREA Refresher Training PowerPoint, FY23 · MDOC Working with Female Offenders Training Lesson Plan, 12/13 · MDOC Standard 115.31 Upload Note · MDOC PREA Refresher Course, 2018 · MDOC Memo, Continuing Agency PREA Training · MDOC Memo, Agency Website Resources · MDOC Memo, Staff Training · MDOC First Responder Card · PCC PREA Basic Training Acknowledgement: <p>Interviews:</p> <ul style="list-style-type: none"> · PCC PREA Site Coordinator · PCC Facility Warden · Administrative (Human Resources Staff) · Random Staff

Site Review Observations:

· During staff interviews, all random staff were asked if, and when, they had received their required PREA training. These random employee responses were subsequently matched against the current PCC PREA Staff Training Matrix to ensure the validity of said responses.

Standard Subsections:

(A) Policy (D1-8.13) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. The Prison Rape Elimination Act training is a comprehensive analysis of state laws and PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as a discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. A review of training documentation reflects that employees are also informed that inmates have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

(B) The training curriculum review demonstrates that the material is appropriate for the gender of inmates at the employees' facility. As well, agency policy (D1-8.13) requires that all employees receive training specific to the gender of inmates assigned to the employee's unit of assignment.

(C) A review of completed PCC PREA Training records reflect that employees have received their initial PREA training. Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training. Additionally, all staff receive monthly e-mails specific to key elements within the PREA Standards.

	<p>(D) All training is documented upon completion of the MDOC PREA training curriculum.</p> <p>Reasoning & Findings Statement:</p> <p>This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. In this, the MDOC ensures all staff receive PREA training during the correctional academy, as well as other onboarding processes for non-custody staff. Agency policy then requires staff to receive refresher training at least every two years. PCC maintains compliance with those imperatives. All training is documented upon completion, with PCC maintaining an overall master list of all staff having completed said training. Additionally, the PCC PREA Site Coordinator provides training on a monthly basis via the specific focus on a distinct aspect of the PREA standards. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. Given the required training, in conjunction with the monthly training emails, PCC has exceeded the requirements of this provision.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Brochure for Volunteers and Contractors · MDOC Volunteers in Corrections Lesson Plan, 12-30-11 · MDOC Volunteer, Intern, and Contractor (VIC) Training PowerPoint, 3-1-23 · MDOC VIC Discrimination, Harassment, Retaliation, and Unprofessional Conduct Training Document, 3-1-23 · MDOC VIC Discrimination, Harassment, Retaliation, and Unprofessional Conduct Training for PowerPoint, 3-1-23 · MDOC VIC Discrimination, Harassment, Retaliation, and Unprofessional Conduct

Training Video

Interviews:

- PCC PREA Site Coordinator
- PCC Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- Contractors Who May Have Contact with Inmates
- Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Review of volunteer/contractor PREA training forms.

Standard Subsections:

(A) Policy (D1-8.13) requires that "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training." Per the PCC PREA Site Coordinator, 100% of those persons have received appropriate PREA training dependent on their level of contact with inmates within the facility.

(B) During the onsite audit, both volunteers and contract workers were interviewed. When interviewed, these persons all stated that they had been made aware of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member.

(C) Volunteers and contractors are required to receive PREA training prior to their

	<p>being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. Per agency policy, volunteers and contractors also receive refresher training every year. The PCC maintains a copy of all training files belonging to both volunteers and contractors. Volunteer/Contractor files were reviewed onsite as part of the auditing process and found to be within compliance.</p> <p>Reasoning & Findings Statement:</p> <p>The agency requires all volunteers and contractors to receive formal training regarding sexual abuse and sexual harassment in a confinement setting, to include the agency's zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency's zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. Per the PCC PREA Site Coordinator, both volunteers and contractors conducting business within the facility have received and subsequently documented their initial PREA trainings. In speaking with volunteers and contracted personnel, it was clear they understood the professional boundaries between themselves and the inmates assigned to the institution. As such, the PCC has met the provisions of this standard.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Verbal Language Interpretation Services – Statewide, 8-28-22 · MDOC Sign Language Interpretation Services – Statewide, 8-28-22 · MDOC Offender Rule Book, 2019 · MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11 · MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders

- MDOC Speaking Up – Transcript of (PREA) Video for Female Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese
- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese

- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Clock, English
- Sexual Abuse Awareness Reporting Poster, Female Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, English
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, English
- Sexual Abuse Awareness Reporting Poster, Stop Sign, Spanish
- Sexual Abuse Awareness Reporting Poster, Stop Sign, English
- PCC Offender PREA Training Acknowledgment: 7-6-09, 6-29-10, 8-12-13, 5-14-15, 3-16-21, 3-18-21, 3-22-23, 6-26-23a, 6-26-23b
- PCC Offender Intake Packet, 06/23
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 8-12-12
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 10-10-07
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 4-10-17
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 8-7-13
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 4-11-18
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 8-8-13
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 7-26-11
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 8-7-13
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 9-20-12
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 9-26-06
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 10-21-14
- PCC Offender Sexual Abuse and Harassment Acknowledgement, 8-7-13

Interviews:

- PCC PREA Site Coordinator
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Random Inmates

Site Review Observations:

- Observed the inmate reception area.
- Observed PREA Risk Screening Process.
- Observed PREA informational postings in Inmate Housing, Education, Library, Law Library,
and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within
the Library and Law Library areas.
- MDOC PREA Sexual Abuse Awareness Poster, English
- MDOC PREA Sexual Abuse Awareness Poster, Spanish
- MDOC Notice of Cross-Gender Viewing Poster, English
- MDOC Notice of Cross-Gender Viewing Poster, Spanish

Standard Subsections:

(A) Procedure (D1-8.13) requires that upon receipt into the facility, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the audit time frame, the PCC has received 299 inmates during the Intake process. Of those inmates, 100% were provided the initial PREA screening and information.

(B) As noted by Intake staff, inmates are immediately provided a brief summary of the PREA standards upon their initial arrival to the facility. Inmates are then provided a more comprehensive training detailing key points of the process within thirty days of intake. Every inmate transferring into PCC, regardless of how long the inmate has been incarcerated within MDOC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response. Within the audit time frame, PCC has received 260 inmates whose stay at the facility was 30 days or more. Of those inmates, 100% received comprehensive education on their rights to be free from both sexual abuse and sexual harassment, as well as retaliation for reporting such incidents, within 30 days of Intake.

(C) Per the PCC PREA Site Coordinator, all inmates who are incarcerated within the PCC are required to watch the Inmate PREA training video, Speaking Up, as a component of comprehensive PREA training. Upon any transfer to another facility within the MDOC, inmates are again required to watch the PREA orientation video as part of that facility's orientation program. The MDOC, despite having largely consistent policies across its system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer (D1-8.13). According to the agency's PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization.

(D) All PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the MDOC, and more specifically, the PCC. PREA brochures and informational posters are provided in both English and Spanish, the most common language other than English spoken within the PCC. The PREA brochure is also available in Japanese, Russian, Serbo Croatian, Simplified Chinese, Traditional Chinese, and Vietnamese. The PREA brochure is available in Braille and large print. The PREA video contains closed captioning for the hearing impaired. Staff translators, or translation services, are available for inmates who do not speak English. Sign Language assistance, large print, and braille are also available. Lastly, it should be noted that per policy (D1-8.13), the agency will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, to ensure said inmates have equal opportunity to benefit from the PREA provisions. Specifically, in accordance with policy, "the department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders" (D1-8.13).

	<p>(E) In accordance with policy (D1-8.13), at Intake, inmates are provided with a PREA overview. Within 30 days of Intake, inmates are then provided with a complete and comprehensive in-person facility orientation, to include PREA training. The information received is documented on the PCC Reception and Orientation Completion Form, which is then acknowledged via signature by the inmate receiving training and by the staff members witnessing the inmate's signature.</p> <p>(F) Inmates are provided copies of the MDOC Sexual Abuse and Harassment of Offenders Brochure for inmates (available in English, Japanese, Russian, Serbo Croatian, Simplified Chinese, Spanish, Traditional Chinese, and Vietnamese). This material, as well as a wealth of other PREA related information, is continuously available within the facility's Law Library. It is also continuously available via each inmate's tablet. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that inmates are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. PCC provides each inmate with initial and subsequent PREA screening for indicators of sexual victimization. As well, PCC provides the required initial and subsequent PREA informational trainings. In speaking with inmates assigned to the PCC, said inmates stated that they were aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the PCC has met the expectations of compliance with the provisions related to this standard.</p>
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115.34 Specialized training: Investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19

- MDOC Training Academy Lesson Plan, PREA Specialized Investigator Training, Modules 1-6, 2016
- MDOC Memo, PREA Specialized Investigator Training, 5-18-15
- IG PREA Investigator Training Roster, 2012
- IG PREA Investigator Training Roster, 2013-2014
- IG PREA Investigator Training Roster, 2015
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 1-19-23
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-4-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 8-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 7-18-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 9-25-17
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 5-31-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-20-17
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-17-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 6-19-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 5-15-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 2-17-16

- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 2-1-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 3-11-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-22-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 5-16-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 1-18-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 10-23-18

Interviews:

- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Administrative (Human Resources Staff)
- PCC Investigative Staff

Site Review Observations:

- Reviewed agency training records documenting investigative training curriculums

Standard Subsections:

(A) Per policy (D1-8.13), all investigators must receive specialized training in excess

of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(B) Per policy (D1-8.13), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. A review of training records confirms that such documentation is maintained within agency files for all investigators currently utilized within the PCC.

(D) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The MDOC investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. PCC investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that PCC staff have received specialized training in excess of the generalized training provided to all staff. As such, the PCC has met the requirements of this standard.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none">· MDOC Training Academy Lesson Plan, PREA-Specialized Medical/Mental Health Professionals Training, 2017· MDCO PREA Specialized Training for Medical and Mental Health Workbook, 2017· MDCO PREA Specialized Training for Medical and Mental Health PowerPoint, 2017· MDCO Adult/Adolescent SAFE/SANE Preparation and Refresher Course, 6-15-16· MDOC Forensic Exam Memo, 9-22-16· MDOC Corizon SANE Nurse Credential Log· MDOC Corizon SANE Nurse Credential Log, 4-13-18· PCC Corizon Health, Skills Competency SANE, 5-6-16· PCC PREA Overview Training Acknowledgement Medical Staff: 12-1-21, 4-4-22, 4-18-22, 4-27-22, 5-24-22, 10-24-22, 6-8-23· PCC Annual PREA Training Acknowledgement Medical Staff: 7-25-22a, 7-25-22b, 8-1-22, 8-8-22, 9-6-22, 9-12-22, 11-7-22a, 11-7-22b, 11-7-22c, 11-28-22a, 11-28-22b, 11-28-22c, 12-5-22a, 12-5-22b, 12-5-22c, 12-27-22, 1-23-23, 2-13-23a, 2-13-23b, 2-27-23, 3-13-23a, 3-13-23b, 3-27-23, 4-8-23, 4-10-23a, 4-10-23b, 4-10-23c, 4-10-23d, 4-24-23a, 4-24-23b, 4-24-23c, 4-24-23d, 5-22-23a, 5-22-23b, 5-22-23c, 5-22-23d, 5-22-23e, 5-22-23f, 5-22-23g, 5-22-23h <p>Interviews:</p>

- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- SANE/SAFE Contracted Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

(A) The PCC provides medical and mental health services to incarcerated persons assigned to its facility. Policy (D1-8.13) requires that in addition to the generalized training provided to all staff, all full and part-time medical and mental health staff shall receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct. Interviews with Human Resource and PCC medical/mental health staff confirm that staff have received trainings as required. Per the PCC PREA Site Coordinator, 100% of the forty-six (46) medical/mental health staff assigned to the facility have participated in initial and/or continuing training requirements.

(B) In accordance agency policy and verified through interviews with PCC medical/mental health staff, Centurion medical staff may perform forensic medical examinations if they are qualified to do so. If there is a need for a forensic medical examiner, the offender will be examined at the facility by a qualified SANE/SAFE nurse or, if necessary, be taken to the local area hospital.

(C) A review of training records reflects that 100% of current Medical and Mental Health staff assigned to the PCC have received specialized training appropriate for

	<p>their professional roles.</p> <p>(D) As well, dependent on their professional role, a review of training records reflects that medical and mental health staff have also received the generalize PREA training provided to all other vendors, volunteers, and contractors working within a correctional setting.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that medical and mental health staff have received specialized training in medical and mental health services provided to victims of sexual abuse and sexual harassment. The MDOC has policies in place to ensure all PCC medical and mental health staff are furnished this training. PCC medical and mental health administration confirmed that staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. Also, contracted SAFE/SANE staff confirm that all persons conducting forensic medical exams are properly certified to perform said exams. As such, the PCC meets the requirements of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS5-2.3, Offender Internal Classification, 9-15-14 · IS5-3.3, Transgender and Intersex Offenders, 7-6-19 · IS18-2.1, Institutional Assessment and Case Planning, 5-13-23 · MDOC Adult Internal Risk Assessment Training Manual Excerpt · MDOC PREA Risk Assessment Manual, 8-30-13

- MDOC Risk of Victimization and Abusiveness Screening Tool
- PCC Event Driven Internal Risk Assessment, 7-3-14
- PCC Adult Internal Risk Assessment, Initial, 1-26-16
- PCC Adult Internal Risk Assessment, 30 Day Assessment, 2-23-16
- PCC Adult Internal Risk Assessment, Initial, 6-23-15
- PCC Adult Internal Risk Assessment, 30 Day Assessment, 7-16-15
- PCC Event Driven Internal Risk Assessment, 10-19-22
- PCC Adult Internal Risk Assessment, Initial, 3-16-21
- PCC Adult Internal Risk Assessment, 30 Day Assessment, 4-6-21
- PCC Adult Internal Risk Assessment, Initial, 3-18-21
- PCC Adult Internal Risk Assessment, 30 Day Assessment, 4-26-21

Interviews:

- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Random Inmates
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files for risk assessment information

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3) requires that all inmates be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. PCC Intake staff affirm the facility's adherence to agency policy. Specifically, all inmates received into the agency, as well as the facility, are screened for sexual victimization and/or sexually abusive risk factors within 72 hours of receipt into the agency or facility. A demonstration of the screening process was observed by the auditor while at the facility. As well, Intake staff explained the facility reception, PREA awareness information, and risk assessment process in great detail.

(B) Policy (D1-8.13, IS5-2.3) requires that the screenings should occur within 72 hours after arrival. In speaking with PCC Intake staff, it was noted that said screenings take place immediately upon each inmate's arrival to the facility. Per the PCC PREA Site Coordinator, in accordance with agency policy, of the 263 inmates entering the facility (either through intake or transfer) within the audit time frame whose length of stay in the facility was for 72 hours or more, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.

(C) The PREA screening assessment is conducted using an objective screening instrument. A review of the survey provided to inmates does not present itself with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the intake screening demonstration that was observed by the auditor. At intake, to determine an inmate's risk of sexual victimization, as well as an inmate's risk of sexual abusiveness, the inmate is asked a series of questions. To determine an inmate's risk of sexual abusiveness, as well as an inmate's risk of sexual abusiveness, the inmate is again questioned using this objective screening instrument.

(D) The PREA assessment process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the

inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Inmates are then asked if others perceive them as the same. Risk screeners are allowed to enter their subjective perception of the inmate's gender expression, as well as any additional information regarding the inmate's sexual safety. During inmate interviews, most inmates stated that they had, in fact, been asked the aforementioned questions upon their receipt into the PCC. Of these, a significant number of inmates interviewed also affirmed that staff later asked them the same, or similar questions related to their sexual safety. There was, however, seven (7) inmates who stated that they were not asked any screening questions. To ensure the screening process was, in fact, occurring as required, Adult Internal Risk Assessments were reviewed onsite for these specific offenders. At that time, it was noted that all required risk screening documentation was available for six (6) of said offenders. As documentation for the seventh (7th) offender could not be located, to ensure that all offenders had, in fact, been asked the screening questions on the Adult Internal Risk Assessment, another assessment was provided to that offender.

(E) In assessing inmates for their risk of being sexually abusive, the PREA assessment form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a risk screening demonstration, the auditor also reviewed several PREA assessment forms. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that the Intake staff confirmed that inmates may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy (D1-8.13, IS5-2.3) requires that within 30 days of the inmate's arrival within the MDOC, or at a facility, the inmate will be reassessed using the Department's Adult Internal Risk Assessment screening tool. Within the audit time frame, 100% of the 260 inmates with a length of stay in the PCC for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the PCC.

(G) Policy (D1-8.13) allows that "the offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." Both the PCC PREA Site Coordinator and staff who perform screening

for risk of victimization and abusiveness confirm reassessments are conducted as required.

(H) Policy (D1-8.13) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Assessment Form. When interviewed, Intake and the PREA Site Coordinator affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the Adult Internal Risk Assessment Form. As well, inmate interviews confirmed that said population was aware of their right not to answer related questions. None of the inmates interviewed stated that they had received any disciplinary sanctions for ever having failed or refused to answer intake/screening questions.

(I) Policy (D1-8.13, IS5-2.3) requires that PREA screenings are confidential in nature. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to PREA assessment forms, that facility staff must restrict the spread of information obtained as a function of PREA assessment forms to only those designated staff members with an operational need for said information to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The PCC PREA Site Coordinator, and other operative staff associated with PREA assessment forms, affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA assessment forms did require authorized credentials to access said documents within the MDOC electronic data base.

Reasoning & Findings Statement:

This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for objective Adult Internal Risk Assessments, which are subsequently administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in offenders' risk status. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the PCC. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering Adult Internal Risk Assessments Forms affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the PCC has satisfied the requirements of this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS5-2.3, Offender Internal Classification, 9-15-14 · IS18-1.1, Required Activities, 8-28-14 · MDOC Authorized Gender Affirming Items, Male Institution, 2023 · MDOC Expanded Duties of the Transgender Team with policy excerpt, 3-10-23 · PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19 · PCC Offender Management Information System Roster with Risk Assessment Scores, 6-8-23 · PCC Offender Management Information System, AICS Location Summary, 6-8-23 · PCC Risk Assessment, 72 Hours: 2-13-14, 3-29-23 · PCC Risk Assessment, 30 Days: 3-28-23, 5-16-23, 5-23-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · PCC PREA Site Coordinator · PCC Facility Warden · Intermediate or Higher-Level Facility Staff · Intake Staff · Medical Staff · Mental Health Staff · Staff Who Perform Screening for Risk of Victimization and Abusiveness · Random Staff

- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files
- Observed inmate housing and work assignments

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3, IS18-1.1) requires that the agency use information from the PREA assessment form to help separate inmates with a high risk of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA assessment form is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake, Classification, and the PREA Compliance Manager, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. Facility documentation reflects this is an institutionalized process.

(B) Policy (D1-8.13, IS5-2.3, IS18-1.1) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the PREA Coordinator, the PCC PREA Site Coordinator, and the PCC Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. In speaking with inmates currently assigned to the PCC, most stated that their own opinions regarding their personal safety are considered by PCC staff when providing housing or job assignments. Inmates further stated that if their concerns for their own safety changed, many believed that most PCC staff would take their concerns seriously.

(C) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, agency policy (D1-8.13, IS5-2.3, IS18-1.1) requires that

administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex inmate to a specific housing or program assignment, agency policy (D1-8.13) dictates that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator, the PCC PREA Site Coordinator, and the PCC Warden, staff affirmed that an inmate's genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.

(D) Agency policy (D1-8.13, IS5-2.3, IS18-1.1) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at least every six months to examine any possible safety concerns expressed by the inmate. When interviewed, PCC Unit Management staff did affirm the facility's compliance with this policy. As well, along with routine informal safety checks by the PCC PREA Site Coordinator and housing staff, all transgender inmates confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed every six months.

(E) Agency policy (D1-8.13, IS5-2.3, IS18-1.1) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. When interviewed, PCC staff and the PCC PREA Site Coordinator affirmed that the facility strictly adheres to this policy. Additionally, during both random and targeted interviews with inmates, most stated that they believed PCC staff would consider their own views with respect to their own safety.

(F) Policy (D1-8.13, IS5-2.3, IS18-1.1) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. In speaking with PCC random staff, the existence of alternative safety and modesty measures for transgender and intersex inmates was affirmed. Specifically, PCC correctional staff stated that upon notification from a transgender or intersex offender, staff provide said offenders with separate shower times from the general population. In interviewing transgender inmates, all such inmates were aware of their right to shower separately from the general inmate population. There were any (0) transgender offenders who expressed a fear or concern regarding their right to shower.

(G) There aren't any correctional facilities within the MDOC subject to consent

	<p>decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex inmates. As such, policy (D1-8.13) expressly states that LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification. In speaking with the PREA Coordinator, the PCC PREA Site Coordinator, and the PCC Warden, said staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of transgender, gay, and bisexual inmates, none (0) stated that they had ever been housed in a facility, or in a specific housing unit within the PCC, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all such staff affirmed that the PCC does not house transgender, intersex, gay, or bisexual inmates in any specific areas based solely on their gender identity or sexual orientation.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The MDOC has numerous policies in place to ensure the most effective and secure use of the PREA assessment form. Inmates deemed to be at high risk are routinely monitored by the PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the PCC PREA Site Coordinator reflect that facility staff have discretion in managing the safety of individual inmates. The PCC PREA Site Coordinator, as well as all other PCC staff, affirm their adherence to agency policies and also confirm that the inmate's own views regarding her safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted to utilize the showers separately from the general population in order to prevent other offenders from being able to view or otherwise endanger transgender inmates during shower times. Additionally, transgender inmates are reviewed every six months specific to their placement and programming assignments. As such, agency policy meets, and PCC adheres to, the requirements of this standard.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- IS21-1.2, Administrative Segregation, 2-27-11
- MDOC Memo for Involuntary Segregated Housing for Protective Custody
- PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19

Interviews:

- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmate Interviews
- Targeted Inmate Interviews

Site Review Observations:

- Observed Involuntary Segregated Housing Unit

Standard Subsections:

(A) Policy (D1-8.13) mandates that “following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.” In speaking with the PCC PREA Site Coordinator and the PCC Warden, staff confirm that there have not been any inmates placed in the involuntary segregated housing during the audit time frame. As well, inmate interviews did not suggest that PCC utilizes any form of involuntary segregated

housing as a primary means of separation for investigatory purposes. As such, there was not any relevant documentation to review.

(B) In speaking with the PCC PREA Site Coordinator and PCC Warden, it was noted that the PCC has not placed any inmate into involuntary segregated housing for fear of sexual abuse. However, it was further noted that should such an incident ever arise, all efforts would be made to restrict the inmate's access to programs, privileges, education, and work opportunities only to the least extent possible. Specifically, efforts would be made to ensure such inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as inmates assigned to the general population. If the facility were to restrict access to programs, privileges, education, or work opportunities, the facility would properly document this restriction. As a function of this documentation, staff would further document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation.

(C) Policy (D1-8.13) mandates that the placement of inmates in involuntary segregation for high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but will not ordinarily exceed 30 days. In speaking with the PCC PREA Site Coordinator and the PCC Warden, staff confirmed that there have not been any inmates placed in the involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

(D) Policy (D1-8.13) requires that upon placement of an inmate into involuntary segregation, the facility must clearly document the basis of the facility's concern for the inmate's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. In speaking with the PCC PREA Site Coordinator and the PCC Warden, staff confirmed that there have not been any inmates placed involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

(E) Policy (D1-8.13) requires that an inmate placed in involuntary segregation due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the PCC PREA Site Coordinator and the PCC Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

	<p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that the use of involuntary segregated housing is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the PCC PREA Site Coordinator and the PCC Warden, staff confirmed that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review. Correctional staff routinely assigned to work within Segregated Housing were interviewed. While these staff confirmed that inmates assigned to involuntary segregation for high risk of sexual victimization would be afforded similar activities as inmates within general population, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. As such, the PCC has satisfied all component parts of this standard and found to have met its provisions.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D5-3.2, Offender Grievance, 9-25-22 · MDOC Verbal Language Interpretation Services – Statewide, 8-28-22 · MDOC Sign Language Interpretation Services – Statewide, 8-28-22 · MDOC Offender Rule Book, 2019 · MDOC Employee Handbook, 2020 · MDOC Employee Handbook, 08/22 · MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11

- MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders
- MDOC Speaking Up – Transcript of (PREA) Video for Female Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese
- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese

- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Clock, English
- Sexual Abuse Awareness Reporting Poster, Female Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, English
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, English
- Sexual Abuse Awareness Reporting Poster, Stop Sign, Spanish
- Sexual Abuse Awareness Reporting Poster, Stop Sign, English
- MOU between MDOC and Missouri Department of Public Safety, 8-1-13
- MDOC Clear Line for Staff Reporting
- PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19
- PCC Coordinated Response Plan, 8-23-16

Interviews:

- Agency Head
- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Random Inmates

Site Review Observations:

- Reviewed facility-based documentation related to inmate reports of sexual abuse and sexual harassment, to include documented offender grievances.

- Reviewed documentation related to third-party reports of alleged sexual abuse and sexual harassment
- Tested the PREA Hotline phone number referenced by offenders.
- Observed red Duress Button in each inmate cell housing.
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- Observed a PREA Risk Screening assessments
- Observed multiple informational posters throughout the facility advising inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed PREA informational video discussing various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library
- Observed numerous PREA educational and reporting references available for inmate use on inmate tablets

Standard Subsections:

(A) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk screening and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within thirty days of their receipt into the facility. This orientation includes detailed training on the MDOC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with an MDOC Offender Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. Reports can be made in-person, verbally over the phone, in writing (electronically and in print), third party, as well as anonymously. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from

measures of retaliation for having reported said abuse. During random and targeted interviews, all inmates were able to articulate at least one manner by which a report could be made.

(b) As noted in policy (D1-8.13), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided the contact information to the Statewide PREA Reporting Line. This contact information is also readily available for the families of inmates during onsite visitation, as well as publicly posted on the agency's website. Inmates are provided phone numbers to the PREA Hotline, which is an outside agency hot line (Department of Public Safety) and an Internal TIPS hotline. These calls are confidential and without cost to the inmate. Inmates are provided information on reporting incidents directly to facility staff, such as the facility institutional investigator, warden, or grievance coordinator. Lastly, it should be noted that the MDOC does not detain inmates solely for civil immigration purposes.

(B) Per policy (D1-8.13), random staff affirmed that they would accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner that they became of that information. In doing so, many staff stated that they would document all such reports as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. Most inmates interviewed stated that they believed PCC staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

(C) Per policy (D1-8.13), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, staff may still privately report sexual misconduct by speaking with supervisory staff or by calling an anonymous tip line for staff. When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment through either through this method or with alternative methods of reporting.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents can report all

	<p>instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All inmates understood their right to make verbal and written complaints. Most inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the PCC has exceeded the requirements of this this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D5-3.2, Offender Grievance, 9-25-22 · PCC D5-3.2, Offender Grievance, 2-1-15 · PCC Offender Grievance List, 6-8-23 · PCC Offender Grievance Appeal Packet, 8-22-22 · PCC Offender Grievance Appeal Packet, 9-30-22 · PCC Offender Grievance Appeal Packet, 5-12-23 · PCC Offender Grievance Appeal Packet, 5-3-23 <p>Interviews:</p>

- PCC Facility Warden
- PCC PREA Site Coordinator
- PCC Grievance Staff
- Investigative Staff
- Random Inmates

Site Review Observations:

- Reviewed the offender grievance process.

Standard Subsections:

(A) The MDOC has administrative procedures to address inmate grievances regarding sexual abuse.

(B) Policy (D1-8.13, D5-3.2) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. There is no time limit for inmates to file such grievances. Per the PCC PREA Site Coordinator, when filing complaints of sexual abuse or sexual harassment, offenders are not required to use the informal grievance process or attempt to resolve the allegations with staff prior to filing a formal complaint.

(C) In accordance to agency policy, grievances involving allegations of sexual abuse or sexual harassment shall not be referred to the staff member who is the subject of said complaint. (D1-8.13, D5-3.2). Offender are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. As well, any such investigation will not be referred to the staff member who is the subject of the complaint.

(D) Policy (D5-3.2) requires that a final decision on all allegations of sexual abuse shall be issued by the institutional investigator within sixty (60) calendar days of the initial filing. If sixty (60) calendar days is not sufficient to make an appropriate decision, the institutional investigator may extend the decision up to seventy (70) calendar days (SOPD5-3.2). The inmate shall be notified in writing of such extension.

In the past twelve months, the facility has received four (4) grievances alleging sexual abuse. A review of this documentation reflects the grievances were processed within the required timelines.

(E) Policy (D5-3.2) allows a third party to file a complaint on behalf of an inmate. The facility may require, as a condition of processing the complaint that the alleged victim agree to have the complaint filed on his or her behalf. Per the PREA Site Coordinator, if an inmate did not wish to pursue a grievance filed on her behalf, that refusal would be documented. During the audit time frame, the PCC did not receive any (0) third-party grievances filed on behalf of inmates.

(F) Policy (D5-3.2) allows inmates to file emergency grievances if they believe they are subject to a substantial risk of imminent sexual abuse. Upon receipt, staff "shall prepare an initial response which shall be attached to the grievance and provided to the offender within 48 hours of receipt of the initial filing date" (D5-3.2). During the audit time frame, PCC received four (4) grievances regarding allegations of sexual abuse and sexual harassment. These grievances were reviewed for adherence to agency policy, as well as the merits of determinative findings. These grievances were found to be processed in accordance to agency policy, with the findings based on the preponderance of evidence.

(G) Policy (D5-3.2) notes that "No reprisals shall be taken against an offender for use of, or participation in, the offender grievance procedure." However, it should further be noted that "offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal." As such, per the PCC PREA Site Coordinator, offenders may only be disciplined if it is determined that the offender filed a PREA report in bad faith, i.e., knowingly filed a false report.

Reasoning & Findings Statement:

This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. For litigation purposes; namely, the Prison Litigation Reform Act, any documented complaint made by or confirmed by the inmate serves to exhaust administrative remedies. Policy permits inmates to submit grievances alleging sexual abuse and sexual harassment. There is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse. As well, inmates are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. Policy

	allows sixty (60) calendar days from the initial filing to provide a disposition. During the audit time frame, PCC did receive four (4) grievances regarding allegations of sexual abuse and sexual harassment. These grievances were reviewed for adherence to agency policy, as well as merits of determinative findings. These grievances were found to be processed in accordance to agency policy, with the findings based on the preponderance of evidence.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Advocacy Notice, Institutions, English · MDOC Advocacy Notice, Institutions, Spanish · PCC Advocacy Notice, English · PCC Advocacy Notice, Spanish · PCC DSOP1-8.13 Offender Sexual Abuse and Harassment, 7-14-19 · PCC MOU Southeast Missouri Family Violence Council (SEMO), 10-18-13 · PCC MOU Southeast Missouri Family Violence Council (SEMO), 4-26-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · PCC PREA Site Coordinator · PCC Facility Warden · Medical and Mental Health Staff · PCC Mailroom Staff · Just Detention International

- SANE/SAFE Staff
- Southeast Missouri Family Violence Council
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Tested the PREA Hotline with offender assistance
- Observed multiple informational posters throughout the facility discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed PREA informational video discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references providing inmate contact access to outside confidential support services for victims of sexual abuse and sexual harassment available for inmate use on inmate tablets and within the facility Law Library.
- Observed visitation area designated for members of an approved victim advocate services
- Reviewed agency website for PREA related information and available services

Standard Subsections:

(A) Policy (D1-8.13) requires that PCC shall “attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings.” Offenders also are provided contact information for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline

numbers where available, of local, State, or national victim advocacy or rape crisis organizations. Via institutional awareness posters, inmates are provided the physical address to write for confidential emotional support services. Policy (D1-8.13) allows that phone communication between inmates and advocates within these rape crisis centers is as confidential as possible. Outgoing mail to rape crisis centers is not restricted or monitored to an extent greater than any other outgoing legal correspondence. When interviewed, the majority of inmates knew that the agency provided free rape crisis support services to inmates. Additionally, all inmates were aware of at least one means by which they could contact rape crisis support services, with most inmates knowing that they could access those services by way of the information provided via the PREA posters located throughout the facility. The PCC does not house persons detained solely for civil immigration purposes or for immigrant service agencies.

(B) Per policy (D1-8.13) inmates are notified that staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. As well, offenders are provided notice to the extent that calls made to rape advocacy centers are monitored.

(C) The PCC has negotiated a contract between itself and Southeast Missouri Family Violence Council, a rape crisis center, to help provide crisis support services as requested by inmates assigned to the PCC. The PCC does maintain, and did supply a contract with the rape crisis center. As well, the agency also provides inmates with contact information for Just Detention International and the Rape, Abuse and Incest National Network, with both providing offenders with a national database of advocacy resources. During the on-site review, the auditor did test the rape crisis center hotlines to ensure their functionality. The auditor also tested the online reporting option via the MDOC agency phone number and through its website. All avenues appropriately responded to the test submissions and proved to be valuable reporting options.

Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the PCC have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the PCC are provided with contact information for national and/or state-based rape crisis support centers. Inmates are advised that communications between inmates and advocates within rape crisis centers is as confidential as possible. The PCC has secured a memorandum of understanding with rape crisis support services; namely Southeast Missouri Family Violence Council, a local rape crisis service provider. As well, facility staff have also

	<p>been formally trained on providing qualified advocacy services. When interviewed, all employees and inmates knew that the agency provided free emotional support services to inmates upon request. As well, many inmates knew that they could initiate access to those services by contacting national rape crisis resource centers using the information posted on the PREA awareness posters predominately displayed throughout the facility, as well as the information postings provided via the MDOC Offender Handbook. As such, the PCC has exceeded the minimum standards of this provision.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Offender Notice of Third-Party Reporting, English · MDOC Offender Notice of Third-Party Reporting, Spanish · MDOC Website Address for Reporting <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · PCC PREA Site Coordinator · PCC Facility Warden · Investigative Staff · External Reporting Entities · Random Inmates · Offenders Who Reported Sexual Abuse <p>Site Review Observations:</p>

- Reviewed MDOC website specific to PREA and third-party reporting methods
- Tested MDOC online third-party reporting system
- Tested PCC facility-based PREA Hotline
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- Observed the Inmate Visitation Area informational posters
- Observed informational postings and other publications throughout the inmate housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

(A) Policy (D1-8.13) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged inmates to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by inmate family and friends via the facility's Inmate Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency's website. To verify the online third-party system was operational, the auditor submitted a test email to the agency's online reporting address. To verify the facility-based PREA Hotline was operational, a test call was submitting using one of the phones available to inmates in their housing areas. All methods of contact were found functional and received an agency-based response within a reasonable time frame. During facility interviews, all staff confirmed that the PCC would accept third-party reports of sexual abuse. As well, most inmates believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure that at least one publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon inmates. In accordance to policy, the PCC promotes the use of third-party reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the MDOC website, all electronic links to

	<p>PREA information, resources, and support services were tested and found to be operating as required. To ensure the functionality of the MDOC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods. While inmates themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence and direct contact via a telephone reporting system; namely, the PCC provides a facility-based PREA hotline to allow inmates direct access to third-party reporting. To ensure the functionality of these reporting systems, test calls were successfully placed. Additionally, the auditor observed an inmate demonstration of PREA information/reporting access on inmate tablet system. Inmates may also make a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. Most inmates were also aware of their right to file a third-party complaint on behalf of another inmate. As the concept of third-party reporting is institutionalized across staff and inmate cultures, the PCC clearly meets the provisions of this standard.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS11-32, Receiving Screening – Intake Center, 12-10-16 · Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410, 8-28-13 · Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005, 8-28-13 · PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19 <p>Interviews:</p>

- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Inmates

Site Review Observations:

- Employee training records

Standard Subsections:

(A) Policy (D1-8.13), as well as state law, mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. Failure of staff to report this knowledge is a Class A Misdemeanor. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against inmates or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all PCC staff had received PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all random staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) During random staff interviews, staff consistently reported their training included protecting the privacy of sexual abuse and sexual harassment victims. In this, it was noted that staff should not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decision. Hence, during interviews, random staff noted that they would share reported information only with authorized staff. As such, random staff interviews confirm that facility employees are

aware of the sensitive and confidential nature of said complaints. In speaking with the PCC PREA Site Coordinator, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (D1-8.13) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. Specifically, policy (D1-8.13) notes if Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." During medical/mental health services staff interviews, the need for medical staff to inform inmates (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.

(D) All inmates incarcerated within the PCC are legally classified as adults. However, agency staff do still note that for offenders under the age of 18, who claim to be victims of sexual abuse, the agency would report the allegations to the designated state agency.

(E) Policy (D1-8.13) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the facility-based Onsite Investigator for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations. Facility-based investigatory staff further confirmed their responsibility in investigating and responding to such allegations in coordination with the agency's PREA Unit Investigators.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing PCC medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well,

	training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the PCC meets the provisions established within this standard.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Instructions for Segregated Housing for Protective Custody · PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · PCC PREA Site Coordinator · PCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Incident Review Team Member · Intermediate or Higher-Level Facility Staff · Investigative Staff · Intake Staff · Staff Who Perform Screening for Risk of Victimization and Abusiveness · Medical and Mental Health Staff · Random Staff · Inmates Who Disclosed Sexual Victimization During Risk Screening · Offenders Who Reported Sexual Abuse

	<ul style="list-style-type: none"> Random Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> Review of inmate protection procedures Review of retaliation monitoring procedures <p>Standard Subsections:</p> <p>(A) Per policy (D1-8.13), when the PCC learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the inmate, as well as staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. In speaking with the Agency PREA Coordinator, PCC PREA Site Coordinator, PCC Facility Warden, and random staff, a plethora of possible options were discussed specific to inmate protection measures. As the PCC did not find any (0) evidence within the audit time frame that any inmates assigned to the facility were at a substantial risk of sexual abuse, the facility has no documentation for review. Likewise, no protective actions were required.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to actualize the processes of inmate protection. Agency policy requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. During the audit time frame, the PCC did not receive any reports from inmates who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff provided a more technical and inclusive response than random staff, they too, were centrally focused on protecting the inmate. Hence, the PCC has clearly realized the provisions of this standard.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- PCC Memo, PREA Allegation, 6-2-20

Interviews:

- Agency Head
- MDOC PREA Compliance Coordinator
- PCC Facility Warden
- PCC PREA Site Coordinator

Site Review Observations:

- Review of facility-to-facility referral process
- Review of facility-to-facility notification
- Review of sixteen (16) sexual abuse/sexual harassment investigation case files

Standard Subsections:

(A) MDOC policy (D1-8.13) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide notice of these allegations to the head of the facility where the abuse allegedly occurred within 72 hours. However, during the audit time frame, the PCC did not receive any such allegations from another facility nor did any offender make such an allegation to PCC staff regarding an incident that occurred at another facility. As such, there wasn't any documentation to review.

	<p>(B) Per MDOC policy (D1-8.13), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The PCC Warden confirmed that all notices, if received from inmates, would be sent by the Warden's Office to the destination facility within 72 hours.</p> <p>(C) The PCC would document this notification through the use of a PREA Allegation Notification Checklist – Institution Form. To expedite communication, the incident investigation report is then transferred between facilities via email.</p> <p>(D) Upon receipt of said allegations, per the PCC PREA Site Coordinator, the facility where the incident is reported initiates the coordinated response by completing the notification checklist and offering advocacy. The coordinated response is then forwarded to the PREA Coordinator and PREA Site Coordinator at the affected facility. The affected facility will then initiate the request for investigation and ensure that the information has been forwarded to the PREA Unit. The PCC Warden confirmed that all notices, when received from other institutions, are subsequently processed in accordance to agency policy.</p> <p>Reasoning & Findings Statement:</p> <p>This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. During the audit time frame, the PCC did not receive any such allegations from another facility nor did any offender make such an allegation to PCC staff regarding an incident that occurred at another facility. As such, there wasn't any documentation to review. Nonetheless, agency policy, staff comments, and a demonstration of the collaborative referral processes, reflect that the PCC has satisfied the provisions of this standard.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19

- MDOC Basic Training Lesson Plan, 11/13
- PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19
- PCC PREA Annual Report, 2022
- PCC PREA Annual Report, 2021

Interviews:

- PCC PREA Site Coordinator
- PCC Facility Warden
- Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Review of employee training records
- Review of investigative case files
- Review of PCC PREA Coordinated Response Plan

Standard Subsections:

(A) MDOC policy (D1-8.13) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,

	<p>washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Once the first responder learns that an inmate has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In interviewing staff who served as PCC security first-responders, their actions taken were consistent with policy. Within the audit time frame, PCC has received twenty-three (23) allegations from inmates who claim to have been victims of sexual abuse. Of these, four (4) were presented within a time frame that would have still allowed for the collection of physical evidence.</p> <p>(B) MDOC Policy (D1-8.13) requires that first responders are to request that the alleged victim not take actions that could destroy physical evidence. If the first responder is a non-security staff member, that person should immediately notify a custody officer of the allegation. Of the twenty-three (23) reported sexual abuse allegations, four (4) were initially reported to non-security staff members. In interviewing non-security staff who had served in such a capacity prior, it was noted that said staff did follow agency protocol regarding the preservation of evidence if possible.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all random staff interviewed absolutely articulated that point. Most staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of the employee training matrix and class curriculums regarding evidence collection reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification to a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19
- PCC Coordinated Response Plan, 8-23-16
- PCC PREA Annual Report, 2022
- PCC PREA Annual Report, 2021

Interviews:

- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Medical and Mental Health Staff
- SANE/SAFE Contracted Staff
- Random Staff
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Review of agency policies
- Review of departmental level facility procedures

Standard Subsections:

	<ul style="list-style-type: none"> The PCC has developed a written institutional plan; namely, the PCC Coordinated Response Plan, 8-23-16, along with the PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment. <p>Reasoning & Findings Statement:</p> <p>This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the PCC implemented a unit-based policy (PCC Coordinated Response Plan, 8-23-16) that details the coordinated response plan to an incident of inmate sexual abuse and sexual harassment. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As such, the PCC has met the provisions within this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 D2-11.6, Labor Organizations, 9-20-13 MDOC MOU MOCOA, 9-30-18 <p>Interviews:</p> <ul style="list-style-type: none"> Agency Head

- Agency Contract Administrator
- Agency PREA Coordinator
- PCC PREA Site Coordinator
- PCC Facility Warden
- Administrative (Human Resources Staff)

Site Review Observations:

- Reviewed agency labor contracts

Standard Subsections:

(A) Per policy (D1-8.13, D2-11.6), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the Missouri Department of Corrections and the Missouri Corrections Officers Association ensure that the MDOC retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(B) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy allows for employees to be transferred or otherwise removed from specific duties pending the outcome of a sexual abuse or sexual harassment investigations. In speaking with investigative staff and the PCC Warden, the process of suspending or separating employees from their duties as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the MDOC; more specifically, the PCC unit

	administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the PCC has satisfactorily met all provisions within this standard.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · PCC PREA Site Coordinator · PCC Facility Warden · Institutional Investigator · Designated Staff Member Charged with Monitoring Retaliation · Random Staff · Random Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Reviewed retaliation monitoring logs associated with reviewed investigative case files. <p>Standard Subsections:</p>

(A) Policy (D1-8.13) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. During random staff interviews, it was noted that staff would take immediate action to protect inmates who are in substantial risk of imminent sexual abuse. Staff noted that they also would take any necessary action to protect inmates who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

(B) In speaking with the PCC PREA Site Coordinator, it was noted that the institution would employ multiple protection measures, such as housing changes, or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates and staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. In speaking with the facility's coordinator for retaliation monitoring, it was noted that continual observation, as well as routine conversations with affected inmates, helps to detect if any changes have occurred within an inmate's correctional condition once a report of sexual abuse/sexual harassment has been made. If retaliation is suspected, it was noted that immediate action would be taken to remedy the perceived injustice. However, during the audit time frame, there have been no instances of retaliation reported.

(C) Per policy (D1-8.13), for a minimum of 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of offenders and/or staff who report sexual abuse. Conduct measures, such as a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor will be reviewed along with the periodic status checks. This periodic status checks should be conducted at 30-day intervals. However, during a previous internal review, it was noted that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected a systematic delay in offender status checks. As such, no further action regarding such is needed at this time.

(D) Per the facility PREA Site Coordinator, in the case of offenders, the facility has designated trained staff to monitor alleged victims, and such monitoring does include periodic in-person status checks. However, during a previous internal review, it was noted that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected a systematic delay in offender status checks. As such, no further action regarding such is needed at this time.

	<p>(E) Per the facility PREA Site Coordinator, if any other individual (staff, volunteer, contractor, inmate, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.</p> <p>(F) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. MDOC policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. Both the agency PREA Coordinator and the PCC Site Coordinator provided detailed explanations of the current monitoring process. The auditor did observe some time lapses between several periodic status checks. In observing this, it was noted that during a previous internal review, the facility had already discovered that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected any such delay in offender status checks. As such, no further action is needed at this time. Given the totality of the policies provided, staff knowledge regarding the process, review of the current PCC monitoring process, along with subsequent action taken to ensure the timely maintain of retaliation monitoring, the PCC has met the basic provisions of this standard.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Instructions for Segregated Housing for Protective Custody · PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19

- PCC Assessment/Retaliation Status Checklist, 6-8-22
- PCC Assessment/Retaliation Status Checklist, 3-2-22
- PCC Assessment/Retaliation Status Checklist, 3-22-23

Interviews:

- PCC PREA Site Coordinator
- PCC Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmates

Site Review Observations:

- Observed segregated housing

Standard Subsections:

(A) Policy (D1-8.13) prohibits placing inmates who allege sexual abuse or to be at a high risk of sexual abuse, in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. Offenders assigned to involuntary segregated housing shall only be assigned to this housing until an alternative means of separation from likely abusers can be arranged. Within the audit time frame, the PCC has not placed any (0) offenders who have suffered sexual abuse or who are at a high risk of sexual abuse in involuntary segregation pending completion of their assessment.

	<p>Reasoning & Findings Statement:</p> <p>Agency policy strictly prohibits the use of involuntary segregated housing as a de facto response to inmate safety concerns. Rather, as explained by the PCC PREA Site Coordinator, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, PCC administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the PCC Warden and the PCC PREA Site Coordinator did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be their absolute last option. As such, the PCC has satisfied the requirements of this provision.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 D1-8.1, Office of Professional Standards, 7-1-17 D1-8.4, Institutional Investigations, 10-24-21 MDOC Memo for Referrals for Criminal Investigations, 8-8-23 MDCO Memo, PREA Unit Investigations MDCO IG PREA Investigator Training, 9-28-12 MDCO PREA Specialized Investigator Training, 9-2-14 MDOC Agency Records Disposition Schedule PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19</p> <p>Interviews:</p> <p>Agency PREA Coordinator PCC PREA Site Coordinator PCC Facility Warden Investigative Staff</p>

Site Review Observations:

Reviewed investigative case files

Reviewed investigator training certifications

Reviewed agency training records documenting investigator training curriculums

Standard Subsections:

Policy (D1-8.13, D1-8.1, D1-8.4) requires that when the agency conducts criminal or administrative investigations of sexual abuse and/or sexual harassment of an inmate, the investigation should be conducted promptly and thoroughly, and should be continued until a determination of substantiated, unsubstantiated, or unfounded can be made.

Policy (D1-8.13, D1-8.1, D1-8.4) requires that all staff responsible for conducting sexual abuse investigations received specialized training related to PREA. In speaking with agency investigators, it was noted that all investigators have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the PCC PREA Site Coordinator and the PREA Unit Investigator, said staff confirmed participation in related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

As noted by facility investigators, the agency requires staff to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal and administrative investigations. It was further noted that all allegations require the victim, suspected perpetrators, and any witnesses to be interviewed. Additionally, any previous reports or documentation that may contribute to the overall investigation are reviewed. In short, per agency policy, investigators are required to gather and preserve all direct and circumstantial evidence related to the allegations.

In speaking with a PREA Unit Investigator, it was noted that compelled interviews would only be conducted after speaking with state police and authorized by the local

prosecutor.

In speaking with investigative staff, it was noted that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not on the basis of that individual's status as an inmate or staff member. Investigators further noted that the use of a polygraph test or other truth-telling device cannot be used as a condition of investigating allegations of sexual abuse or sexual harassment. The facility investigator confirmed that the credibility of the alleged victim, suspect, or witness was assessed on a case-by-case basis, regardless of that person's status as an inmate, staff member, contractor, volunteer, or other facility connection. Within the audit time frame, there were no (0) instances of PCC investigators employing the use of any polygraph or other truth telling devices as a prerequisite function of PREA investigations.

Policy (D1-8.13) requires that "administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse." A review of investigatory files maintained by the PCC PREA Site Coordinator and/or Institutional Investigators provided detailed written reports of both the allegations and subsequent investigations.

Investigatory staff noted that that all administrative and criminal investigations are documented in written reports. As a function on that documentation, such reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of investigatory files maintained by the PREA Site Coordinator and Institutional Investigator did provide detailed written reports of both the allegations and subsequent investigations.

As noted by the PREA Unit Investigator, and required by policy, substantiated allegations of sexual abuse shall be referred for prosecution. Specifically, if facility staff suspect that a prosecutable crime has occurred specific to a substantiated PREA investigation, the investigative file will be sent to the MDOC Office of Professional Standards for further review. Upon concurring review, the investigative file will then be sent to the prosecuting attorney of the county in which the crime occurred for consideration of prosecution. During the audit time frame, the PCC has not substantiated any (0) allegations of sexual abuse that were later accepted by the district attorney for subsequent prosecution.

Policy (D1-8.13) requires that "Administrative and criminal investigation reports shall be retained for 50 years from the completion of the investigation and in accordance with the department procedure regarding records retention." In speaking with the

PREA Unit Investigator, this retention process was thoroughly detailed.

As noted by agency investigators, the departure of the alleged abuser or victim from employment or control of the facility or department does justify terminating an investigation. Rather, all investigations must be completed through their natural termination processes.

The auditor is not required to audit this provision.

As noted by agency investigators, if outside agencies were to conduct investigations into instances of sexual abuse and sexual harassment, facility staff would cooperate with these outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the PCC PREA Site Coordinator and the PCC Institutional Investigator, it was also noted that the facility investigator and any outside agencies would strive to maintain a professional relationship that would allow for the general use of routine communication to remain informed about the progress of any investigation. This would subsequently ensure that PCC staff remained informed on the progress of all sexual abuse investigations.

Reasoning & Findings Statement:

When the MDOC conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. Agency investigators have received the general PREA training provided to all MDOC staff. As well, investigators have also taken more specific training relevant to conducting sexual abuse investigations in a confinement setting. As a function of the investigation process, investigators must make all efforts to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, and statements from alleged victims, suspected perpetrators, and witnesses. Substantiated allegations of sexual abuse shall be referred for prosecution. Investigators do not conduct compelled interviews without first consulting criminal prosecution. In judging the merits of all allegations, the credibility of an alleged victim, suspect, and witness are assessed on an individual basis as supported by the evidence of the investigation and not determined by the person's status as an offender or staff. Offenders are not required to submit to a polygraph as a condition for proceeding with the investigation of an alleged incident. Lastly, along with documenting the investigation in a written report, administrative investigations must also include an effort to determine whether staff actions or failures to act contributed to the abuse. As PCC is complying with all parts of these

	provisions, it is found to have met this standard.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 D1-8.1, Office of Professional Standards, 7-1-17 D1-8.4, Institutional Investigations, 10-24-21 MDOC Standard of Proof for Unfounded PREA Investigations PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19</p> <p>Interviews:</p> <p>PCC Facility Warden PCC PREA Site Coordinator Investigative Staff</p> <p>Site Review Observations:</p> <p>Review of investigatory case files</p> <p>Standard Subsections:</p> <p>Policy (D1-8.13) requires that the evidence needed to determine whether an allegation of sexual abuse and/or sexual harassment is substantiated shall be no higher than a preponderance of the evidence. Specifically, it is noted that</p>

	<p>“administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.” In speaking with facility investigators, this requirement was confirmed as the governing standard in determining the outcome of sexual abuse/sexual harassment investigations within the prison setting. Hence, for substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true.</p> <p>Reasoning & Findings Statement:</p> <p>Agency policy requires that MDOC investigators establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse and sexual harassment are substantiated. When interviewed, PCC Investigators and PREA Unit Investigators confirmed that standard of proof to be slightly more than half. An onsite review of case files reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was noted as merely a preponderance of evidence. With this, the PCC has satisfied all material provisions of this standard.</p>
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115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 D1-8.1, Office of Professional Standards, 7-1-17 D1-8.4, Institutional Investigations, 10-24-21 PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19 PCC PREA Alleged Sexual Abuse by Staff Member Notification, 9-29-22 PCC PREA Alleged Sexual Abuse by Staff Member Notification, 3-9-22 PCC PREA Alleged Sexual Abuse by Staff Member Notification, 8-30-22</p> <p>Interviews:</p>

PCC PREA Site Coordinator
PCC Facility Warden
Designated Staff Member Charged with Monitoring Retaliation
Investigative Staff

Site Review Observations:

Review of investigative case files

Standard Subsections:

Policy (D1-8.13) requires that all persons who alleged sexual abuse or harassment are provided a written response as to the disposition of the subsequent investigation. In speaking with the PREA Unit Investigator, it was noted that of all closed investigations during the audit time frame, all inmates have subsequently been notified, in writing, of the investigation results.

Within the audit time frame, there have not been any investigations of alleged sexual abuse occurring at the PCC completed by an outside agency. However, per investigative staff, agency policy does require that where allegations are referred for criminal investigation to an outside agency, facility staff will follow the case until it is determined to be substantiated, unsubstantiated, or unfounded.

Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate whenever the staff member is no longer:

Assigned to the facility; or
Employed with the Department

Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against another inmate, the agency must notify the inmate whenever the alleged abuser has been:

Indicted on a charge related to sexual abuse or
Whenever the agency learns that the alleged abuser has been convicted on a charge

	<p>related to sexual abuse.</p> <p>Policy (D1-8.13) requires that the agency document all notifications or attempted notifications regarding disposition to inmate allegations of sexual abuse and/or sexual harassment. Interviews with the PCC PREA Site Coordinator and the PCC PREA Unit Investigator confirm adherence to said policy. As well, a review of documented notifications support said adherence.</p> <p>Auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>PCC Investigators, along with agency PREA Unit Investigators, conduct all sexual abuse and sexual harassment investigations. If the investigation is taken over by a local law enforcement agency, facility staff do remain actively engaged in those investigations. However, during the audit time frame, no outside law enforcement agencies have completed sexual abuse investigations within the PCC. Agency policy requires PCC staff to provide inmates with written dispositions for all claims of sexual abuse. Agency policy provides that all inmates who filed previously substantiated sexual abuse and sexual harassment claims against agency staff or offenders, receive notification upon said employees being assigned to another facility or of offenders having been discharged from the agency. Lastly, policy requires these notifications to be documented. Within the audit time frame, PCC staff have provided notifications as required on all such investigations. All notifications to PCC inmates were provided in written format, of which, offenders are required to sign to acknowledge receipt. Documentation reflecting proper notifications of investigative dispositions was reviewed and found to be within policy. As such, the PCC is operating in accordance with all parts of this provision.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
D2-11.10, Staff Member Conduct, 7-24-16
PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19

Interviews:

PCC PREA Site Coordinator
PCC Facility Warden
Investigative Staff
Random Staff

Site Review Observations:

Review of investigative case files

Standard Subsections:

MDOC Policy (D1-8.13, D2-11.10) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating MDOC sexual misconduct policies. Interviews with the PCC PREA Site Coordinator, PCC Facility Warden, and the PCC Onsite Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

MDOC Policy (D1-8.13, D2-11.10) continue by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate. During the audit time frame, there have not been any (0) PCC staff who has been terminated, or resigned prior to termination, for violating agency sexual abuse or sexual harassment policies.

	<p>MDOC Policy (D1-8.13, D2-11.10) stipulate disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Again, interviews with the PCC PREA Site Coordinator, PCC Warden, and the PCC Onsite Investigator confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.</p> <p>Per the PCC PREA Site Coordinator, PCC Facility Warden, and the PCC Onsite Investigator, when the perpetrator is a medical or mental health professional, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation will be reported to local law enforcement, as well as the appropriate licensing body.</p> <p>Reasoning & Findings Statement:</p> <p>These provisions work to ensure that agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The State of Missouri has made the consequences of engaging in such behavior exceptionally clear. Within audit time frame, there have not been any (0) staff members assigned to the PCC who has violated agency policy regarding sexual abuse or sexual harassment. During staff interviews, all staff expressed their knowledge of the agency's zero tolerance policy. Hence, the PCC administration has satisfied the provisions of this standard.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 D2-13.1, Volunteers and Reentry Partners, 7-10-21 PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19</p>

Interviews:

Agency Contract Administrator
PCC PREA Site Coordinator
PCC Facility Warden
Investigative Staff
Administrative (Human Resources Staff)
Contractors Who May Have Contact with Inmates
Volunteers Who May Have Contact with Inmates

Site Review Observations:

Reviewed contractor/volunteer PREA training files

Standard Subsections:

Policy (D1-8.13) advises contractors and volunteers who violate the agency's Zero-Tolerance Policy will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the MDOC. Additionally, any contractor or volunteer who engages in sexual abuse will be reported to law enforcement and to any relevant licensing bodies. During the audit time frame, the PCC has not been required to report any (0) incidents of inappropriate conduct by contractors or volunteers to a relevant licensing board or local law enforcement. As such, there weren't any (0) relevant documents to review. Nonetheless, interviews with volunteers and contracted staff evidenced that the agency's zero-tolerance policy has been institutionalized.

Policy (D1-8.13) advises contractors and volunteers that when cases of sexual abuse are substantiated against contractors or volunteers, the Department will prohibit those persons from further contact with inmates, as well as refer all criminal allegations to local law enforcement for possible prosecution.

	<p>Reasoning & Findings Statement:</p> <p>Policy expressly states that contactors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates upon substantiation of the investigations. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. During the audit time frame, the PCC has not found any (0) contractors or volunteers to have engaged in inappropriate relations with inmates. Interviews with volunteers and contractors reflect that the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, are clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and PCC is in compliance with such.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 IS19-1.6, Offender Accountability Program, 5-1-19 MDOC Offender Rulebook, 2019 MDOC Instructions for PREA Disciplinary Sanctions & Mental Health Referrals PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19</p> <p>Interviews:</p> <p>PCC Facility Warden PCC PREA Site Coordinator Investigative Staff Medical Staff Mental Health Staff Random Staff Random Inmates</p>

Targeted Inmates

Site Review Observations:

Review of disciplinary processes and sanctions

Standard Subsections:

Policy (D1-8.13, IS19-1.6) notes that following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse, said inmate is subject to disciplinary sanctions pursuant to formal disciplinary processes. "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13). During the audit time frame, the PCC has not had any (0) administrative or criminal findings of guilt regarding inmate-on-inmate sexual abuse investigation.

Policy (D1-8.13, IS19-1.6) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. As well, sanctions consider aggravating and mitigating factors.

When determining an inmate's disciplinary sanctions, policy (D1-8.13, IS19-1.6) does consider how an inmate's mental disabilities or mental illness contributed to his behavior. "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13).

Per policy (D1-8.13, IS19-1.6), all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined necessary by mental health services in consultation with inmate services. Specifically, "if found guilty of sexual

	<p>abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions” (D1-8.13).</p> <p>Per the PCC PREA Unit Investigator, the PCC will discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct. “An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions” (D1-8.13).</p> <p>Per policy (D1-8.13, IS19-1.6), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations. Rather, only when it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that the offender shall be subject to discipline (D1-8.13, IS19-1.6).</p> <p>Per MDOC policy (D1-8.13), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as sexual battery or attempted sexual battery.</p> <p>Reasoning & Findings Statement:</p> <p>The inmate disciplinary process is a formal means to address institutional misconduct. The PCC uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the audit time frame, the PCC has not processed any (0) disciplinary finding of inmate-on-inmate sexual abuse that occurred at the facility. In considering agency policies, facility procedures, staff interviews, and inmate comments, PCC is compliant with disciplinary standards as required under this provision.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
IS11-32, Receiving Screening – Intake Center, 12-10-16
MDOC Informed Consent Form, 9/14
MDOC Adult Internal Risk Assessment Manual, 4-24-15
MDOC PREA Risk Assessment Manual, 8-30-13
MDOC Risk of Victimization and Abusiveness Screening Tool
PCC Event Driven Internal Risk Assessment, 7-3-14
PCC Adult Internal Risk Assessment, Initial, 1-26-16
PCC Adult Internal Risk Assessment, 30 Day Assessment, 2-23-16
PCC Adult Internal Risk Assessment, Initial, 6-23-15
PCC Adult Internal Risk Assessment, 30 Day Assessment, 7-16-15
PCC Event Driven Internal Risk Assessment, 10-19-22
PCC Adult Internal Risk Assessment, Initial, 3-16-21
PCC Adult Internal Risk Assessment, 30 Day Assessment, 4-6-21
PCC Adult Internal Risk Assessment, Initial, 3-18-21
PCC Adult Internal Risk Assessment, 30 Day Assessment, 4-26-21
PCC PREA Database Log, 2023

Interviews:

PCC PREA Site Coordinator
Intake Staff
Medical Staff
Mental Health Staff
Staff Who Perform Screening for Risk of Victimization and Abusiveness
Inmates Who Reported Sexual Victimization During Risk Screening
Offenders Who Reported Sexual Abuse

Site Review Observations:

Observed Intake/Medical Screening Areas
Review of Medical/Mental Health PREA Screening Forms
Review of Mental Health/Medical referrals within investigative case files

Standard Subsections:

Policy (D1-8.13, IS11-32) requires that upon arrival, all PCC inmates will be screened for sexual abuse risk factors. If the assessment indicates that the offender has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening. During the audit time frame, 100% of inmates received at the PCC who disclosed prior victimization during screening were offered a follow-up meeting with a mental health practitioner. Interviews with inmates who had experienced prior sexual victimization confirm the institutionalization of this practice within the MDOC. As well, a review of mental health risk assessments support the routine use of this policy.

Per policy (D1-8.13, IS11-32), persons with a history of being sexually abusive must be referred for mental health services within 14 days. In speaking with Mental Health staff, it was noted that the nature of the referral is in accordance with the individualized needs of each inmate. During the audit time frame, 100% of inmates received at the PCC who had previously perpetrated sexual abuse, as indicated during the screening process, were offered a follow-up meeting with a mental health practitioner. A review of mental health risk assessments support the institutionalization of this practice.

The PCC is not a jail.

Per policy (D1-8.13, IS11-32) practitioners must report any sexual abuse that occurred in a correctional facility. Any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local laws.

Per policy (D1-8.13, IS11-32), and as noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years.

Reasoning & Findings Statement:

	<p>During the audit time frame, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a mental health practitioner. During the audit time frame, the PCC has also referred 100% of inmates who had previously perpetrated sexual abuse, as indicated during risk screening, for a follow-up meeting with a mental health practitioner. As observed during the Intake process, risk screening assessments occur as a required function of facility admittance. As noted by medical and mental health staff, the PCC is providing routine and regular medical screens and health services in accordance to qualified medical and mental health assessments, as well as to policy. Documentation specific to the PREA assessment form for medical and mental health staff reflects the use of the screening tool to determine appropriate housing and medical/mental health needs. As such, the facility is meeting all provisions as established within this standard.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 MDOC MOU Corizon Health for Medical Services MDOC Corizon SANE Protocol, 3-1-16 PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19 PCC PREA Mental Health List, January 2022- April 2023</p> <p>Interviews:</p> <p>PCC PREA Site Coordinator Medical Staff Mental Health Staff SANE/SAFE Staff Security Staff and/or Non-Security Staff Who Have Acted as First Responders Random Staff</p>

Site Review Observations:

Observed Medical/Mental Health Departments
Review of Medical/Mental Health PREA Assessment Form
Review of investigative case files

Standard Subsections:

Policy (D1-8.13) requires that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with agency policy. In speaking with medical and mental health staff, adherence to policy was confirmed. Inmates who had previously made allegations of sexual abuse or sexual harassment also confirmed that they had received medical/mental health treatment in a timely manner.

During interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations. In speaking with medical and mental health staff, 24-hour availability of qualified medical and mental health practitioners was affirmed.

Policy (D1-8.13) requires that victims of recent sexual assault are referred for forensic exams for relevant treatment and the gathering of evidence. As noted by SAFE/SANE hospital personnel, all persons receiving forensic exams are provided prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases as appropriate. In speaking with medical staff, adherence to this policy was confirmed.

MDOC policy (D1-8.13) requires that "treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In speaking with medical staff, adherence to this policy was confirmed.

Reasoning & Findings Statement:

This standard is designed to provide inmates access to emergency medical and

	<p>mental health services. In this, facility staff are meeting all the provisions within this standard. Policy allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the inmate's course of treatment; specifically, what is medically indicated based on physical trauma or forensic evidence collection needs. Lastly, documentation reflecting access to medical and mental health care was reviewed onsite. In examining the totality of the information provided, the PCC has certainly met the minimum provisions of this standard via emergency (24-hour) access to qualified medical and mental health staff.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 MDOC Instructions for PREA Disciplinary Sanctions & Mental Health Referrals MDOC MOU Corizon Health for Medical Services MDOC Corizon SANE Protocol, 3-1-16 PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19</p> <p>Interviews:</p> <p>PCC PREA Site Coordinator Medical Staff Mental Health Staff SAFE/SANE Staff Inmates Who Reported Prior Sexual Victimization Offenders Who Reported Sexual Abuse</p> <p>Site Review Observations:</p>

Observed Medical/Mental Health Departments
Review of Medical/Mental Health PREA Assessment Forms
Review of investigative case files

Standard Subsections:

Policy (D1-8.13) requires that all allegations of sexual victimization must be evaluated by medical and medical health staff. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were previously receiving mental health treatment services, they confirmed that upon facility transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

Per policy (D1-8.13), the MDOC will provide continuing mental health services to inmates throughout their assignment to the MDOC.

Policy (D1-8.13) requires that all victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews with medical and mental health practitioners confirmed the facility's adherence to said policy.

Policy (D1-8.13) notes that "victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests." However, it should be noted that the PCC does not house female inmates or currently house any transgender men. As such, emergency contraception is not a medically necessary at this time.

In speaking with medical staff, it was noted that should pregnancy results from sexual assault, victims would be offered timely and comprehensive information about the timely access to all lawful pregnancy-related medical services. However, it should be noted that the PCC does not house female inmates or currently house any transgender men. As such, information about the timely access to all lawful pregnancy-related medical services is not a medically necessary at this time.

	<p>Policy (D1-8.13) requires that when medically appropriate prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims. In speaking with medical staff and contracted SAFE/SANE personnel, agency adherence to this policy was confirmed.</p> <p>Policy (D1-8.13) notes that treatment services for sexual abuse will be provided “regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.” In speaking with medical and mental health staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical or mental health treatment for allegations of sexual abuse also confirmed that they were not charged a co-payment fee for said services.</p> <p>Policy (D1-8.13) requires that “victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.”</p> <p>Reasoning & Findings Statement:</p> <p>This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The PCC offers qualified and coordinated medical and mental health care regardless of an inmate’s ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments for both medical and mental health services. Once established, access to said treatment follows the offender throughout the MDOC system. The medical and mental health services provided are consistent with the community level of care. Additionally, as noted by medical and mental health staff, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the PCC Medical and Mental Health Departments have collectively exceeded the provisions of this standard.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
MDOC Problem Areas and Corrective Action Report
PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19
PCC Alleged Sexual Abuse by Offender Notification, 6-30-22
PCC Conduct Violation Report, 7-4-22
PCC PREA Sexual Abuse Debriefing, 7-1-22
PCC PREA Unit Investigation, 6-30-22
PCC PREA Unit Investigation, 3-9-22
PCC Assessment/Retaliation Status Checklist, 5-24-22
PCC Consent for Facility Advocacy Services, 5-23-22
PCC Sexual Assault Allegation Notification Form, 5-23-22
PCC Referral and Screening Note – Health Services, 5-23-22
PCC PREA Allegation Notification Checklist – Institution, 5-23-22
PCC Alleged Sexual Abuse by Staff Notification, 3-9-22
PCC Assessment/Retaliation Status Checklist, 2-16-22
PCC Assessment/Retaliation Status Checklist, 3-10-22
PCC Sexual Assault Allegation Notification Form, 2-14-22
PCC Referral and Screening Note – Health Services, 2-14-22
PCC PREA Allegation Notification Checklist – Institution, 2-14-22
PCC Memo, PREA Debriefing, 6-9-23

Interviews:

Agency PREA Coordinator
PCC PREA Site Coordinator
PCC Facility Warden
Incident Review Team Member
Offenders Who Reported Sexual Abuse

Site Review Observations:

Reviewed Sexual Abuse Debriefing documentation

Standard Subsections:

Policy (D1-8.13) states that “each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.” This review will, however, be done for both substantiated and unsubstantiated allegations of sexual abuse. During the audit time frame, the PCC has concluded three (3) alleged sexual abuse investigations that were not determined unfounded. In speaking with the PCC Warden, the role of each person within the debriefing process was explained.

Policy (D1-8.13) mandates the “debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry.” During the audit time frame, the PCC has concluded three (3) sexual abuse investigations that were not deemed unfounded. A review of those investigations demonstrate that the facility does, in fact, ordinarily conduct relevant debriefing within 30 days of the conclusion of a sexual abuse investigation.

Policy (D1-8.13) requires that “the review team for offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable

Per policy (D1-8.13), the sexual abuse incident debriefing does consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. The debriefing considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The debriefing looks to examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. The debriefing team also assesses the adequacy of staffing levels in that area during different shifts. The debriefing team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. Lastly, the debriefing team prepares a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such

	<p>report to the facility head and PREA compliance manager.</p> <p>Upon completion of the debriefing, the facility shall implement the recommendations outlined in the debriefing report for improvement or shall document its reasons for not doing so. This information is noted by completing the debriefing form. In speaking with the PCC Warden, the debriefing process was explained in great detail.</p> <p>Reasoning & Findings Statement:</p> <p>During the audit time frame, PCC has conducted three (3) sexual abuse incident debriefings specific to sexual abuse allegations. Documentation relative to the debriefings was examined to ensure that the debriefing team consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D of this standard, a debriefing report was completed with appropriate subsequent action taken where required, and that the review was ordinarily conducted within 30 days of the investigation conclusion. The debriefings did consist of the appropriate committee members, did give proper consideration to relevant factors, and generally occurred within 30 days of the conclusion of the investigation. In speaking with facility staff, each person explained their role within the debriefing process. Additionally, inmates were interviewed to determine what, if any, changes were needed or subsequently made to institutional policy following their reported incidents. With this, given the totality of the information reviewed, policies, documented evidence, staff and inmate interviews, it is apparent that the PCC has maintained overall compliance with each of the aforementioned provisions.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 MDOC Memo, Investigative Report Intelligence System [IRIS] Survey of Sexual Victimization Form, 2021 MDOC Annual PREA Report, 2021 PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19</p>

PCC Annual PREA Report, 2021
PCC Annual PREA Report, 2022

Interviews:

Agency PREA Coordinator
PCC PREA Site Coordinator
PCC Facility Warden

Site Review Observations:

Extensive review of agency website/PREA section

Standard Subsections:

Policy (D1-8.13) provides all staff within the MDOC a standardized set of definitions specific to sexual abuse and sexual harassment allegations. Policy (D1-8.13) further mandates that the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a Survey of Sexual Victimization Incident Form. In speaking with the Agency PREA Coordinator and the PCC PREA Site Coordinator, adherence to this provision was confirmed.

Policy (D1-8.13) further requires that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. In speaking with the Agency PREA Coordinator and the PCC PREA Site Coordinator, adherence to this provision was confirmed.

In reviewing the MDOC Annual PREA Reports, it was noted that the MDOC has completed the U.S. Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization report. Furthermore, as confirmed by the MDOC PREA

	<p>Coordinator, the data includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.</p> <p>In speaking with the PCC PREA Site Coordinator, it was noted that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with the MDOC records retention schedule. The MDOC PREA Coordinator confirmed the agency's overall adherence to this policy. As well, the PCC PREA Site Coordinator confirmed that above reference sources were continuously used to inform the agency's annual statistical reports.</p> <p>In speaking with the MDOC PREA Coordinator, it was noted that all aggregated sexual misconduct data received from private facilities with which it contracts is made available for inclusion the agency's aggregated data set. The MDOC PREA Coordinator confirmed the agency's overall adherence with this policy.</p> <p>Policy (D1-8.13) requires that the PREA Coordinator provide aggregated data on sexual abuse and sexual harassment occurring within the MDOC to the Department of Justice (DOJ); specifically, the Bureau of Justice Statistics, on an annual basis. As confirmed by the PREA Coordinator, said data is provided to the DOJ no later than June 30th of each year.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on at least an annual basis. That data is then aggregated and made available for public review. The PCC has complied with the timely collection of said data and is subsequently furnishing it to appropriate entities as requested. Hence, the PCC has met all provisional requirements and is in compliance with this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
MDOC PREA Annual Report, 2021
MDOC PREA Annual Report, 2020
MDOC PREA Annual Report, 2019
MDOC Website, PREA Reports
MDOC Problem Areas and Corrective Action Report
PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19
PCC PREA Annual Report, 2021
PCC PREA Annual Report, 2022
PCM Video Surveillance Evaluation, 3-7-22

Interviews:

Agency Head
Agency PREA Coordinator
PCC PREA Site Coordinator
PCC Facility Warden

Site Review Observations:

Extensive review of agency website/PREA section

Standard Subsections:

Policy (D1-8.13) requires the MDOC to review the aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, response, and training policies. Specifically, the MDOC uses this information to identify problem areas, take corrective action on an ongoing basis, and prepare an annual report of its findings from the data review, as well as any corrective actions for each facility, along with the agency as a whole. The PREA Coordinator confirmed adherence to this process. As well, MDOC Annual PREA Reports (2021, 2020, 2019) do reflect the intelligent use of said data.

	<p>Policy (D1-8.13) requires that annual statistical reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the MDOC's progress in addressing sexual misconduct. The PREA Coordinator confirms adherence to this policy. As well, MDOC Annual PREA Reports (2021, 2020, 2019) do reflect the intelligent use of said data.</p> <p>Policy (D1-8.13) requires that upon completion of each year's Annual PREA Report, the report shall be approved by the Commissioner of Correction and posted on the agency's web page. A review of the MDOC website https://doc.mo.gov/programs/PREA indicates that upon approval from the agency director, the report is then made available to the public. The PREA Coordinator confirms adherence to this policy.</p> <p>Per the PREA Coordinator and the PCC PREA Site Coordinator, personal identifiers are not used in producing either the agency or facility-based annual PREA reports. As such, there isn't a need to redact any information from said reports before making publicly available.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to determine if agency, and by extension, facility-based staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency wide PREA Coordinator, PCC PREA Site Coordinator, and the PCC Warden, the manner in which each person utilizes the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the PCC has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19</p>

MDOC PREA Annual Report, 2021
MDOC PREA Annual Report, 2020
MDOC PREA Annual Report, 2019
MDOC Website, PREA Reports
MDOC Problem Areas and Corrective Action Report
PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19
PCC PREA Annual Report, 2022
PCC PREA Annual Report, 2021

Interviews:

Agency PREA Coordinator
PCC PREA Site Coordinator
PCC Facility Warden

Site Review Observations:

Extensive review of agency website/PREA section

Standard Subsections:

Per the Agency PREA Coordinator, all electronic retention files once PREA cases are complete are security maintained in the electronic retention files. Per the PREA Coordinator and the PCC PREA Site Coordinator, adherence to this policy is strictly enforced. A review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

Per policy (D1-8.13), aggregated sexual abuse data will be made available to the federal government as required. "The department's annual PREA report shall be made available to the public on the department's internet website" (D1-8.13). Per the PREA Coordinator, adherence to this policy is strictly enforced. Per the PREA Coordinator, all annual aggregated reports previously published pursuant to §115.87 are readily available to the public through the MDOC website.

	<p>Per the PREA Coordinator, all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the agency's website.</p> <p>Policy (D1-8.13) requires that the agency maintain sexual abuse data collected pursuant to §115.87 "for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer." The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the MDOC website.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is apparent that both the MDOC PREA Coordinator, as well as the administration of the PCC, operate with transparency in government in accordance to state statute and federal law. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieved overall compliance.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 PCC DSOP1-8.13, Offender Sexual Abuse and Harassment, 11-8-19 PCC Posted Auditor Notice (English) PCC Posted Auditor Notice (Spanish)</p> <p>Interviews:</p>

Agency PREA Coordinator
PCC PREA Site Coordinator
PCC Facility Warden
Random/Targeted Staff
Random/Targeted Inmates

Site Review Observations:

On-site inspection of the entire PCC
Review of documentation available via onsite inspection

Standard Subsections:

As evidenced by presence of facility audits on the MDOC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all MDOC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.

This is Audit Year One of Cycle Four.

(H) The auditor had full access to all areas of the facility.

All documents requested by the auditor were received in a timely manner.

The auditor was permitted to conduct private interviews with inmates.

Inmates were permitted to correspond with the auditor using privileged mail processes.

	<p>Reasoning & Findings Statement:</p> <p>Both the MDOC PREA Coordinator and the PCC PREA Site Coordinator were fully prepared for this review. The auditor was provided the PAQ in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Offenders were permitted to correspond with the auditor using privileged mail processes. Facility staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the PCC. Accordingly, PCC has exceeded the provisions of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 PCC DSOPI-8.13, Offender Sexual Abuse and Harassment, 11-8-19 PCC Posted Auditor Notice (English) PCC Posted Auditor Notice (Spanish)</p> <p>Interviews:</p> <p>Agency PREA Coordinator</p> <p>Site Review Observations:</p>

Review of documentation available via the MDOC PREA website
On-site inspection of PCC

Standard Subsections:

A review of the agency website reflects that the MDOC has published all final audit reports for prior audits completed during the last three years preceding this audit as they were made available to the agency. The PREA Coordinator affirms that all facilities within the MDOC have been audited in accordance to schedule and their reports subsequently published on the agency's website as they were made available to the agency.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the MDOC does have an agency website and has made all facility PREA reports accessible by the public as they were made available to the agency.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>

PREA Facility Audit Report: Final

Name of Facility: Tipton Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/19/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Valerie Wolfe Mahfood	Date of Signature: 06/19/ 2023

AUDITOR INFORMATION	
Auditor name:	Mahfood, Valerie Wolfe
Email:	wolfemahfood@aol.com
Start Date of On-Site Audit:	05/03/2023
End Date of On-Site Audit:	05/05/2023

FACILITY INFORMATION	
Facility name:	Tipton Correctional Center
Facility physical address:	619 North Osage Avenue, Tipton, Missouri - 65081
Facility mailing address:	

Primary Contact

Name:	Michael Shewmaker
Email Address:	michael.shewmaker@doc.mo.gov
Telephone Number:	16604332031

Warden/Jail Administrator/Sheriff/Director

Name:	Brock VanLoo
Email Address:	Brockvanloo@doc.mo.gov
Telephone Number:	16604332031

Facility PREA Compliance Manager

Name:	Michael Shewmaker
Email Address:	michael.shewmaker@doc.mo.gov
Telephone Number:	

Facility Health Service Administrator On-site

Name:	Cherrika Buckner-Jefferson
Email Address:	cherrika.buckner-jefferson@doc.mo.gov
Telephone Number:	16604332031

Facility Characteristics

Designed facility capacity:	800
Current population of facility:	590
Average daily population for the past 12 months:	594
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	18 years old through elderly
Facility security levels/inmate custody levels:	Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	258
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	49

AGENCY INFORMATION

Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:

Name:	Anne L. Precythe
Email Address:	Anne.Precythe@doc.mo.gov
Telephone Number:	573-526-6607

Agency-Wide PREA Coordinator Information

Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

8

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.14 - Youthful inmates
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.32 - Volunteer and contractor training
- 115.51 - Inmate reporting
- 115.53 - Inmate access to outside confidential support services
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.401 - Frequency and scope of audits

Number of standards met:

37

Number of standards not met:

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-03
2. End date of the onsite portion of the audit:	2023-05-05

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International, Citizens Against Spouse Abuse Note: Offender correspondence received post-audit.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	800
15. Average daily population for the past 12 months:	594
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	590
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	12
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	4
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	4
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	9

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	42
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	NA
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	279
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	49

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	33
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	NA
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst population

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Housing Rosters
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	NA
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	4

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	4
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	4
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Reviewed facility documentation, asked staff working in segregated areas, and asked all inmates interviewed for relevant information.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Only one offender assigned to Tipton who had filed an allegation of sexual abuse during the time frame. Verified via review of investigative case files in conjunction with the facility roster.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

14

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☒ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

If "Other," describe:

Gender, race, ethnicity, languages spoken, or other distinguishing factors amongst staff relative to their employment

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- ☒ Yes
- ☐ No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

Due to staff shortages, supervisory staff, such as Captains, may work in the function of a correctional officer. As such, some supervisory staff were interviewed as random staff.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

14

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Training staff, Chaplain, and local hospital SAFE/SANE
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	Due to staff shortages, supervisory staff, such as Captains, may work in the function of a correctional officer. As such, some supervisory staff were interviewed as random staff.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Additional documentation sampling respective to the interview component of the triangulation process.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	4	0	4	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	0	0
Staff-on-inmate sexual abuse	1	0	0	1
Total	1	2	0	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	2	0	0
Total	0	2	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

4

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There was a total of six sexual abuse/harassment allegations presented at Tipton during the audit time frame. All investigations were reviewed.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 MDOC PREA Organizational Chart, 10/22 MDOC Organizational Chart, 2017 MDOC Organizational Chart, 2018 TCC Organizational Chart, 3-6-23 <p>Interviews:</p>

- Agency Head
- Agency PREA Coordinator
- TCC PREA Site Coordinator
- TCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Agency PREA Coordinator, in conjunction with an Assistant PREA Coordinator and the Tipton Correctional Center (TCC) PREA Compliance Manager, oversees the TCC PREA program.
- The TCC PREA Site Coordinator is physically assigned to the TCC and maintains a permanent office, with routine activities, within said institution as a function of staff assignment.

Standard Subsections:

(A) D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19, provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It outlines the agency's approach to preventing, detecting, and responding to such conduct. It also works to establish "the department's zero tolerance for offender sexual abuse and harassment and establishes strategies and responses to reduce and prevent offender sexual abuse and harassment" (D1-8.13).

(B) The agency has employed an agency-wide PREA Coordinator. This position is within the upper hierarchy of organizational authority within the MDOC. The PREA Coordinator's sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. In doing so, the PREA Coordinator is charged with the direct supervision of one Assistant PREA Coordinator. The PREA Coordinator, in coordination with the Assistant PREA Coordinator and facility wardens, oversee the implementation of PREA standards at the facility level.

	<p>(C) The State of Missouri operates numerous penal institutions. Each warden within said institution has been charged with designating a PREA Compliance Manager. The TCC Warden affirms designation of the TCC PREA Site Coordinator to serve in this capacity. The TCC PREA Site Coordinator further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure the agency operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated persons. As well, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. In addition to the overall agency policy, each facility, to include TCC, has further developed its own coordinated response plan to effectively apply the agency's broad policy to the uniqueness of their individual units. Such forethought ensures that every facet of the agency's policy is included in the standard operating procedures unique to every institution. Additionally, though the standard requires the minimum staffing of one agency-wide PREA Coordinator with individual PREA Compliance Managers assigned to each facility, the State of Missouri has exceeded this requirement through the additional employment of an Assistant PREA Coordinator. The sole function of this assistant position is to better coordinate and advance the implementation of the PREA standards and policies so as to significantly increase the sexual safety of all incarcerated persons within the MDOC. As well, although the standard requires only one PREA Compliance Manager is assigned to each facility, the TCC has exceeded that requirement by designating auxiliary staff to help facilitate the institution's PREA compliance program. As such, both the agency and the facility have clearly exceeded the basic requirements of this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · TCC Confinement Contract Memo, 2-24-23

Interviews:

- Agency Contract Administrator
- Agency PREA Coordinator
- Random Staff Interviews

Site Review Observations:

- The TCC is a publicly operated correctional facility through the Missouri Department of Corrections (MDOC).

Standard Subsections:

(A) The MDOC has a minimal number of contracts for the confinement of its inmates with other public and private agencies within its Parole Division. Per the Agency Contract Administrator, these agreements all require that the contracted agency adopts and complies with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).

(B) Per the Agency Contract Administrator, these contracts also contain language requiring that the MDOC monitors PREA compliance of all contracted facilities, as well as provide relevant training on their responsibilities under MDOC's policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the MDOC PREA auditing schedule, all MDOC facilities, either privately or publicly owned, are routinely audited for their compliance with the PREA standards.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the Missouri Department of Corrections, complies with the PREA standards. In this, prior to engaging any contractual relationship with a public or private agency, the MDOC ensures that all agencies understand that it is their

	absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the MDOC, these agencies understand their continuing duty to remain in compliance with PREA standards. Lastly, these facilities are routinely audited on a rotating basis to encourage said compliance. Hence, the MDOC has met the established requirements under this standard.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Executive Summary, Post Analysis, 12-1-2009 · MDOC PREA Staffing and Yearly Reporting Implementation Team, 5-4-10 · TCC Institutional Post Analysis, 12-1-2009 · TCC Shift Staffing Report, 2-24-23 · TCC Offender Population by Month, 2022 · TCC Memo, Minimum Staffing Level, 2022 · TCC Annual PREA Report, 2022 · TCC SOP/IS 20-1.1, Post Orders, 11-18-22 · TCC Captain & Lieutenant Log, PREA Inspection, 2022 <p>Interviews:</p> <p>TCC Facility Warden Agency PREA Coordinator TCC PREA Site Coordinator Intermediate or Higher-Level Facility Staff Random Staff Random Inmates</p> <p>Site Review Observations:</p>

- All inmate housing areas contain at least one security staff post that is continuously monitored

by staff. All areas of high inmate traffic are assigned permanent staffing positions while in

operation.

- During the site review, supervisory staff were observed making routine and frequent rounds

throughout the facility. All random staff interviewed did indicate that supervisory staff were

available to them as needed and did conduct unannounced rounds as required. Supervisory staff were also observed conducting unannounced rounds within the facility. As well, inmates interviewed did confirm their access to supervisory staff on a routine and regular basis via their unannounced rounds of inmate housing areas.

- While conducting supervisory rounds, ranking officials were routinely observed reviewing

required documentation completed by line staff as a function of their duty posts.

- During the on-site portion of the audit, area logbooks were inspected to ensure supervisory

staff were conducting, and properly documenting, their unannounced rounds.

- Area logbooks were also reviewed to ensure that opposite gender advisements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The TCC has developed and documented an annual staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. As explicitly noted within the TCC Staffing Plan (2022), as well as confirmed via the TCC warden, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. When present, the staffing plan would consider any findings of inadequacies made by federal investigative agencies, judicial, internal, or external oversight authorities. The TCC Staffing Plan requires that

the unit considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programing needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. As noted by the facility warden, Unit Administration does consider the nature of the inmate population and current issues/trends within the inmate population when determining staffing levels. The TCC staffing plan was predicated consistent with average daily number of inmates assigned to the TCC.

(B) MDOC policy governs the minimum use of employee staffing (TCC Staffing Plan). If unit staffing levels fall below these minimum requirements, MDOC policy further requires that facility staff properly document each occurrence. Within the past twelve months, the staffing levels of TCC have not fallen below the required levels.

(C) The facility conducts an annual review of its staffing plan. As evidenced via interviews with agency and facility staff, as well as documented as a function of the staffing plan review process, in completing the TCC staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the TCC PREA Site Coordinator, to develop the facility staffing plan in accordance with the 115.13(a). As well, PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan and the use of video monitoring technologies within the facility.

(D) The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (D1-8.13). Policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted (D1-8.13, TCC SOP20-1.1). The timing of the site reviewed allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed area logbooks throughout the facility. Said documentation did reflect that supervisory staff were conducting unannounced rounds. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds and were available to line staff if needed. Staff also noted that it was a violation of policy to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random inmates, offenders consistently stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility and were accessible to inmates if needed. During the

	<p>site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas; thus, further supporting the claim that said staff are routinely present in inmate housing areas.</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the audit time frame, the TCC has not deviated from its staffing plan. However, the agency does have a policy in place requiring all deviations of the staffing plan to be documented. To ensure that the sexual safety of offenders assigned to the TCC is given sufficient weight in determining facility staffing needs, the TCC staffing plan is reviewed annually in coordination with all TCC PREA staffing components, to include the average number of inmates assigned to the facility. Lastly, to ensure meaningful and effective correctional supervision, TCC supervisors routinely conduct and document unannounced rounds. As such, the TCC meets the requirements of this provision.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Offender Rulebook, 2019 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden

- Random Staff
- Random/Targeted Inmates

Site Review Observations:

- While conducting the on-site review, the auditor did not observe any inmates who appeared
excessively youthful.
- In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less
than 18 years before the date of the on-site review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any
knowledge of any inmates assigned to the TCC who were not at least 18 years of age.

Standard Subsections:

(A) MDOC policy (Offender Orientation Handbook, 2019) prohibits the placement of any inmate less than 18 years of age in a housing unit within sight or sound of any adult inmates. As well, adolescent offenders may not have any physical contact through the use of a shared dayroom or other common space, shower area, or sleeping quarters, with any adult inmate without direct supervision from correctional staff.

(B) As TCC does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful inmates and adult inmates.

(C) As TCC does not house any inmate less than 18 years of age, its unit administration has absolutely avoided placing any adolescent offenders in isolation in order prevent them from living within sight and sound of adult inmates. Hence, the TCC has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

	<p>Reasoning & Findings Statement:</p> <p>This standard requires that the agency ensures sight and sound separation between adolescent offenders and adult inmates. Alternatively, the standard requires that there is direct staff supervision when adolescent offenders and adult inmates have the possibility of sight, sound, or physical contact. The MDOC mandates that without direct supervision, adolescent offenders cannot be housed in a correctional facility where they have sight, sound, or physical contact with any adult inmate. As TCC contains only adult housing units, TCC is prohibited from receiving, and subsequently housing, adolescent offenders. As such, the facility has exceeded this standard by maintaining an absolute and constant sight, sound, and physical barrier between adolescent offenders and incarcerated adults.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC IS11-34.1, Health Assessment and/or Physical Examination at Reception, 7-17-21 · MDOC IS20-1.3, Searches, 11-3-19 · MDOC Training Academy Lesson Plan, May 2014 · MDOC Staff Training Memo, 3-30-23 · MDOC Memo, Cross-Gender Announcement, Revision, 2-18-16 · MDOC Revised Training, Search Curriculum, 10-15-14 · TCC SOP/IS 20-1.3 Searches, 6-3-22 · TCC Memo, No Cross-Gender Searches · TCC Training Roster, Institutional Searches, 3-9-23

Interviews:

TCC PREA Site Coordinator
TCC Facility Warden
Intermediate or Higher-Level Facility Staff
Random Staff
Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
Random Inmates

Site Review Observations:

- During the site review, staff were routinely observed making cross-gender announcements

when persons of the opposite gender entered inmate housing areas.
- Supervisory staff were observed conducting their routine security checks within inmate housing

areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and

scheduled rounds, were subsequently documented on the area logbooks.
- Review of area logbooks throughout the facility demonstrated that unannounced rounds were being conducted and female presence was being announced as required.
- Privacy shields were in place inhibiting the view into all inmate restrooms.
- Privacy shields were in place and/or available in all medical examination rooms.
- Privacy screens were noted in all shower areas.

Standard Subsections:

(A) Policy (D1-8.13, IS20-1.3, SOP20-1.3) prohibits cross-gender unclothed or visual body cavity searches of inmates except in exigent circumstances or by medical practitioners. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all 31 inmates interviewed noted that they had not been, nor had they witnessed any other inmate being, stripped or body cavity searched by a security staff member of the opposite gender.

(B) The TCC is a male facility. There are no biological females incarcerated at this facility.

(C) Policy (D1-8.13, IS20-1.3, SOP20-1.3) requires that all cross-gender unclothed and visual body cavity searches are documented. During the audit time frame, the facility has not engaged in cross-gender unclothed searches as a result of exigent circumstances. However, per the TCC PREA Site Coordinator, were this event to happen, it would be properly documented as required by policy. It should also be noted that all random staff interviewed understood that such action, while extremely unlikely, would require extensive justification.

(D) The TCC does have policies (D1-8.13, IS20-1.3, SOP20-1.3) in place that allows offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing inmate buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Specifically, agency policy (D1-8.13) requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. The facility does follow policy in requiring that staff of the opposite gender announce their presence when entering an inmate housing area. All female Random Staff interviewed did confirm their adherence to said policy. As well, all other Random Staff confirmed this practice. During inmate interviews, the majority of offenders also confirmed that female staff do announce their presence upon entering inmate housing units. Also, it was noted that modesty barriers and curtains were in place throughout the facility to inhibit the viewing of inmates in a state of undress.

(E) MDOC policy (D1-8.13, IS11-34.1, IS20-1.3, SOP20-1.3) prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an inmate is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. Instead, staff noted to determine gender, if necessary, they would contact the medical department, their supervisor, or simply ask the inmate.

(F) Records reflect that TCC security staff have been trained on proper policy specific to conducting cross-gender clothed searches and transgender clothed searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their receipt of said training within the last year, as well as their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate's genital status. MDOC procedures (D1-8.13) specify that "Staff members shall not

	<p>perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.” The MDOC Training Academy Lesson Plan regarding offender searches, provides clear instructions on how staff will perform searches of any inmate, to include transgender inmates. Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the TCC. As well, review of the facility training matrix reflects that 100% of all correctional staff assigned to the TCC have been trained on how to conduct searches in a professional and least intrusive manner as possible.</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires that the agency place limits on cross-gender strip or cavity searches. The MDOC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender unclothed body or cavity searches, policy subsequently requires this search to be properly justified and documented. Agency security staff are trained on the proper procedures to conduct clothed searches on transgender and intersex inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. Agency policy also requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. Documentation, as well as staff and offender interviews, verify this procedure is followed. As such, the TCC has satisfied the requirements of this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Verbal Language Interpretation Services – Statewide, 8-28-22 · MDOC Sign Language Interpretation Services – Statewide, 8-28-22

- MDOC Offender Rule Book, 2019
- MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11
- MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders
- MDOC Speaking Up – Transcript of (PREA) Video for Female Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese
- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese

- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Clock, English
- Sexual Abuse Awareness Reporting Poster, Female Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, English
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, English
- Sexual Abuse Awareness Reporting Poster, Stop Sign, Spanish
- Sexual Abuse Awareness Reporting Poster, Stop Sign, English

Interviews:

- Agency Head
- Agency PREA Coordinator
- TCC PREA Site Coordinator
- TCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates with Disabilities
- Inmates with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly

announce inmate information, to include when female staff entered the housing area.

- Handicap accommodations were easily recognizable and accessible throughout the facility.

Handicap shower areas contained appropriate PREA modesty screens.

- PREA Notices, as well as other advisement notices, were posted in languages spoken by

significant portions of the inmate population; namely English and Spanish.

- Braille materials were available to assist inmates with impaired vision.

- Language line services were available for staff to communicate with inmates who do not speak

English or a language common to facility staff.

- Video technology services were available for American Sign Language assistance.

- Staff translators speaking a variety of languages were available.

- Mental Health/Medical Services were available to assist cognitively or other disabled inmates.

Standard Subsections:

(A) The MDOC has developed an agency wide policy (D1-8.13) to enhance PREA communication efforts with disabled inmates, such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; to provide said inmates with an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The video format includes closed caption. Written versions of the policy are available in braille for the visually impaired. The TCC maintains a contract for translation and interpretation services to assist inmates who do not speak a language common to TCC staff. In this, the language line services can also be used to translate PREA, as well other confidential information.

When interviewing random staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All

staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. When speaking with a LEP inmate, this person stated that their limited English proficiency had not prevented them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were also interviewed. These inmates all stated that either MDOC has made accommodations for their disabilities or that their disabilities did not prevent them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational pamphlet is printed in eight languages: English, Japanese, Russian, Serbo Croatian, Simplified Chinese, Spanish, Traditional Chinese, and Vietnamese. It is also available in Braille, as well as large print. The PREA Offender Education Video can be seen by inmates in English and Spanish, along with being illustrated via closed captioning. As needed, per the TCC PREA Site Coordinator, language line services can also be used to translate PREA information into other languages, including American Sign Language.

(C) The MDOC has developed agency-wide policies that prohibit the use of inmate interpreters or other types of inmate-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (D1-8.13). The agency has also developed agency wide policies to enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (D1-8.13); so as to provide said inmates with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of inmate interpreters or other types of inmate-based assistance. TCC staff are aware of these agency policies and as affirmed during random staff interviews, do not utilize inmate interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard seeks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said inmates have equal access. The MDOC recognizes that need and has provided informational brochures in the most common spoken inmate languages; namely, English and Spanish, as well as lesser spoken languages (Japanese, Russian, Serbo Croatian, Simplified Chinese, Traditional Chinese, and

	<p>Vietnamese). These informational brochures are also available in Braille and large print. The TCC maintains sufficient stocks of PREA informational brochures in all printed languages to ensure their availability should it be required. Additionally, the TCC routinely stocks PREA informational brochures, as well as broadcasts PREA informational videos, in Spanish, the most commonly spoken language inside of TCC outside of English. The PREA video also contains closed captioning for the deaf/hearing impaired. Staff have been trained, and are provided continuous refresher training, in the management of inmates with sensorial disabilities, as well as in cultural awareness. Lastly, it should be noted that at no time during the audit time frame has TCC used inmate interpreters to help agency staff communicate with another inmate regarding security sensitive information. For these reasons, it is more than evident that the TCC has exceeded the requirements of this standard.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D2-11.14, Annual Employment Requirements, 11-1-15 · D2-13.1, Volunteers and Reentry Partners, 7-10-21 · D2-2.2, Background Investigations, 12-12-15 · D2-2.23, Candidate Selection, 6-3-22 · MDOC Employee Handbook · MDOC Applicant Statement · TCC Vendor Background Check List, 12-28-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Administrative (Human Resources) Staff · Agency PREA Coordinator · TCC PREA Site Coordinator

- TCC Facility Warden

Site Review Observations:

- Review documentation of recently hired/promoted employee files
- Review of volunteer and contractor PREA Acknowledgement/Training forms
- Review of TCC employee PREA training documents

Standard Subsections:

(A) The MDOC has developed agency wide policies (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with inmates, while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment or moral turpitude will be considered. According to Human Resource staff, prior to hiring any new employee, the MDOC Central Office will ensure that criminal background checks have been conducted on the prospective employee. As well, Human Resource staff ensure that all previous institutions of employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, unless it is prohibited by law, policy also requires that the TCC cooperate with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

(B) MDOC policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the MDOC Human Resource representative, agency policy requires that Human Resource staff verify contractor employment history. In this, the facility conducts routine criminal background checks on contractors prior to employment and then at subsequent intervals as required by policy.

(C) Before hiring or promoting employees, policy (D1-8.13, D2-11.14, D2-13.1,

D2-2.2, D2-2.23) requires the agency to perform criminal background checks. Policy also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. In speaking with the TCC Human Resource representative, agency policy requires Human Resource staff verify staff employment history. In this, the Central Office conducts routine criminal background checks on staff prior to employment and then at subsequent intervals as required by policy.

(D) Agency policy (D1-8.13) requires that prior to enlisting the services of any contractor who may have contact with inmates, the facility performs a criminal background record check on said contractors. In speaking with TCC PREA Site Coordinator, it was noted that all contracted staff assigned to TCC; namely medical and mental health Centurion employees, have had criminal background checks preformed on them by their primary employer, Centurion, prior to their being hired. However, as this process was not consistent with agency policy, corrective action was taken to ensure MDOC policy is enforced. Namely, per policy #D1-8.13, it is the responsibility of the Chief Administrative Officer to ensure criminal background and PREA checks are conducted and maintained on all employees, to included contracted staff, by the institution employing said persons.

(E) Once employed, agency policy (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23) requires that criminal background checks are subsequently monitored for staff/ contractor contact with law enforcement agencies. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(F) All applicants, employees, and contractors are required to disclose (during the application process) any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the MDOC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).

(G) Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination.

	<p>(H) Per TCC Human Resource staff, agency policy allows that unless prohibited by law, the MDOC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied (D1-8.13, D2-11.14, D2-13.1, D2-2.2, D2-2.23).</p> <p>Reasoning & Findings Statement:</p> <p>This standard requires the agency to consider the sexual safety of inmates in the hiring of all employees and contracted staff, as well as in all hiring and promotion decisions within the agency. The agency has numerous practices in place to ensure that end. PREA standards also require that staff and contractor background checks occur once every five years. During the onsite review, it was noted that while these practices are in effect for both employees and contracted staff, the checks were not being conducted by the appropriate designated position within the agency. Corrective action was taken to ensure that the proper office conducts said checks. Nonetheless, a review of employee and contractor files does still reflect that the TCC is in compliance with having conducted the required background and PREA checks. As such, the TCC meets the requirements of this standard.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · TCC Camera Report, 2022 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Head · Agency PREA Coordinator

- TCC PREA Site Coordinator
- TCC Facility Warden

Site Review Observations:

- Observed video monitoring technologies present within the facility.

Standard Subsections:

(A) Per the TCC Warden, the TCC has not made a substantial expansion or modification of the existing facility within the audit time frame. However, in the event that such were to happen, the TCC Warden noted that unit administration would consider the effect that the expansion would have on the facility's ability to protect inmates from sexual abuse. At the time of the expansion, were one to happen, the TCC Warden noted that the design would also be discussed with both the TCC PREA Site Coordinator and the agency's PREA Coordinator.

(B) Per the TCC Warden, the TCC has installed or updated the video monitoring system or other monitoring technology since the last PREA audit. In doing this, the facility did consider the impact of video surveillance on enhancing offender protection from sexual abuse.

Reasoning & Findings Statement:

Within the audit time frame, TCC has not made any substantial expansion to its existing facilities. However, it was noted that should such occur, unit administration would consider the effect that an expansion would have on the facility's ability to protect inmates from sexual abuse. Also, prior to the expansion, the design would also be discussed with the TCC PREA Site Coordinator and the agency's PREA Coordinator. Additionally, as a function of its annual staffing review, the TCC does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the TCC seeks to maximize the facility's ability to protect inmates from sexual abuse. As such, the TCC has met the provisions of this standard.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21 · D1-8.1, Office of Professional Standards, 7-1-17 · MDOC Forensic Exam Memo, 3-15-23 · MDOC Memo, Evidence Protocol, 3-15-23 · MDOC Agency Use SANE Hospitals, 2023 · MDOC MOU Corizon, Specific Hospital Services · MDOC Corizon SANE Nurse Credential Log, 4-13-18 · TCC MOU Citizens Against Spouse Abuse, Inc., 5-10-21 · TCC Consent for Facility Advocacy Services, 9-30-22 · TCC Consent for Facility Advocacy Services, 5-31-22 · TCC Staff Training Transcript <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden · Investigative Staff · Random Staff · Medical and Mental Health Staff · SAFE/SANE University of Missouri Hospital

Site Review Observations:

- Reviewed complete PREA investigation files at TCC.

Standard Subsections:

(A) Agency policy mandates that PREA Unit Investigators and PREA Site Investigators are responsible for investigating all allegations of sexual abuse. In this, policy requires that the PREA Unit and Site Investigators follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.

(B) While the TCC does not house adolescent offenders, it does still utilize a developmentally appropriate youth protocol. Furthermore, agency policy requires the facility to utilize an evidence protocol that was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents.

(C) In accordance with agency protocol, the TCC does ensure that all inmates are given access to forensic medical examinations without cost (D1-9.13, D1-8.8, D1-8.13). While some nursing staff assigned to the TCC are qualified SAFE/SANE nursing staff, the facility might also transfer offenders to the local hospital; namely, the University of Missouri Hospital, for forensic exams. At the local hospital, forensic exams are performed by qualified SAFE/SANE nursing personnel. As SAFE/SANE staff at the University of Missouri Hospital are either on duty or on call 24 hours a day, seven days a week, forensic examinations will always be performed by a qualified medical practitioner. During the audit time frame, the TCC has not been required to facilitate any (0) such forensic medical examinations.

(D) The agency does attempt to make a victim's advocate available for offender support. In this, the facility has reached a Memorandum of Understanding with a local rape advocacy center; namely, Citizens Against Spouse Abuse, Inc. As well, facility staff have received qualifying training specific to advocacy services and sexual assault.

(E) In accordance with policy (D1-9.13, D1-8.8, D1-8.13), and as requested by the victim, a rape advocacy person may remain with the inmate through the forensic medical examination process and investigatory interviews. Per the agency PREA Coordinator, this person may also provide emotional support, crisis intervention, information, and referrals.

(F) Agency policy (D1-9.13, D1-8.8, D1-8.13) mandates that the PREA Unit Investigators and PREA Site Investigators are responsible for investigating criminal allegations of sexual abuse. To this effect, agency policy does require that the PREA Unit Investigators and PREA Site Investigators utilize agency protocol that is based on the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/ Adolescents as the evidence collection protocol.

(G) The auditor is not required to audit this provision.

(H) Only qualified persons may serve as a victim advocate. As such, facility has reached a Memorandum of Understanding with a local rape advocacy center; namely, Citizens Against Spouse Abuse, Inc. In consideration of this understanding, all advocacy staff have received appropriate training. In this manner, the agency has ensured that all persons who have advocacy contact with TCC inmates have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

This standard concerns evidence protocol, forensic medical examinations, and rape crisis advocacy services. Agency policy requires investigative staff to utilize a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. This protocol was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/ Adolescents. In this, the facility has reached a Memorandum of Understanding with a local rape advocacy center; namely, Citizens Against Spouse Abuse, Inc. to ensure advocacy persons are available to provide offenders with advocacy services through the forensic medical examination process and subsequent investigatory interviews. These victim advocates may also provide inmates with emotional support, crisis intervention, information, and referrals. During the audit time frame, the TCC has not been required to initiate the evidence protocol and forensic medical examination process. However, should the need arise, policy does require at all forensic exams are

	performed by qualified SAFE/SANE practitioners. As such, the TCC has met the requirements of this standard.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.8, Evidence Collection, Accountability and Disposal, 4-4-21 · D1-8.1, Office of Professional Standards, 7-1-17 · D1-8.4, Institutional Investigations, 10-24-21 · TCC Annual PREA Report, 2022 · TCC Memo, No Referrals for Prosecution, 3-1-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Head · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden · Agency Investigative Staff · Medical Staff · Mental Health Staff · Offenders Who Reported Sexual Abuse <p>Site Review Observations:</p>

- Reviewed six (6) completed PREA investigation files at TCC.

Standard Subsections:

(A) Policy (D1-81.3, D1-8.8, D1-8.1, D1-8.4) requires that administrative or criminal investigations be completed for all allegations of sexual abuse and sexual harassment. Within the audit time frame, the TCC has received a total of six (6) sexual abuse and sexual harassment allegations. All of those investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed. Additionally, the auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made. At the time of the audit, all cases had been closed. As such, the agency does ensure that either a criminal or administrative investigation is completed for allegations of sexual abuse and sexual harassment.

(B) The TCC refers all allegations of sexual abuse to PREA Unit or PREA Site Investigators. When investigations are escalated to a criminal level, they are worked in coordination with a local law enforcement agency with legal authority to conduct criminal investigations, as well as in consultation of the local District Attorney's Office. All referrals to law enforcement are documented by the facility. The MDOC has published relevant information to the PREA program, as well as the investigation process, on the agency website.

(C) In accordance policy (D1-8.13) the PREA Unit Investigators "shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website."

(D) The agency is responsible for conducting administrative and criminal investigations of alleged sexual abuse (D1-8.13, D1-8.8, D1-8.1, D1-8.4).

(E) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

	<p>This standard ensures that referrals of sexual abuse and sexual harassment allegations are made for further investigation to proper law enforcement agencies. The MDOC does have appropriate policies in place mandating referrals of said allegations when appropriate. In interviewing the PREA Unit and onsite TCC Investigative staff, it is clear said staff refer all investigations to local law enforcement agencies as required by policy. In doing so, MDOC policy requests that all outside local law enforcement agencies conduct their investigations in accordance with the requirements of the PREA Standards. TCC investigative staff provided sufficient documentation to evidence the facility's adherence to agency protocol. As such, the TCC complies in all material ways with this standard for the relevant review period.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Notice of PREA material available to all staff via agency intranet · MDOC Training Academy PREA Basic Training Lesson Plan, 2013 · MDOC Standard 115.31 Upload Note · MDOC PREA Refresher Course, 2018 · MDOC Memo, Continuing Agency PREA Training · MDOC Memo, Agency Website Resources · TCC PREA Basic Training Acknowledgement, 12-22-22 · TCC PREA Basic Training Acknowledgement, 2-22-22 · TCC PREA Basic Training Acknowledgement, 12-21-22 <p>Interviews:</p> <ul style="list-style-type: none"> · TCC PREA Site Coordinator

- TCC Facility Warden
- Administrative (Human Resources Staff)
- Random Staff

Site Review Observations:

- During staff interviews, all random staff were asked if, and when, they had received their required PREA training. These random employee responses were subsequently matched against the current TCC PREA Staff Training Matrix to ensure the validity of said responses.

Standard Subsections:

(A) Policy (D1-8.13) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. The Prison Rape Elimination Act training is a comprehensive analysis of state laws and PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as a discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. A review of training documentation reflects that employees are also informed that inmates have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

(B) The training curriculum review demonstrates that the material is appropriate for the gender of inmates at the employees' facility. As well, agency policy (D1-8.13) requires that all employees receive training specific to the gender of inmates assigned to the employee's unit of assignment.

(C) A review of completed TCC PREA Training records reflect that employees have

	<p>received their initial PREA training. Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training.</p> <p>(D) All training is documented upon completion of the MDOC PREA training curriculum.</p> <p>Reasoning & Findings Statement:</p> <p>This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. TCC maintains compliance with those imperatives. All training is documented upon completion, with TCC maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. While this standard requires employees to be given PREA refresher training at least once every two years, the TCC provides this training on an annual basis. As such, TCC has met the requirements of this provision.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Brochure for Volunteers and Contractors · MDOC Volunteers in Corrections Lesson Plan, 12-30-11 · MDOC Volunteer, Intern, and Contractor (VIC) Training PowerPoint, 3-1-23 · MDOC VIC Discrimination, Harassment, Retaliation, and Unprofessional Conduct Training, 11/20 · MDOC PREA Training for Contractors PowerPoint

- MDOC Partners in Corrections PREA Training, 11/20
- MDOC Partners in Corrections PREA Lesson Plan, 11/20
- TCC Contractors Training Roster, 3-22-23
- TCC Volunteer Training Roster, 2-28-20
- TCC Volunteer Training Acknowledgement, 3-24-23
- TCC Volunteer Training Acknowledgement, 3-28-23
- TCC Volunteer Training Acknowledgement, 3-29-23

Interviews:

- TCC PREA Site Coordinator
- TCC Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- Contractors Who May Have Contact with Inmates
- Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Review of volunteer/contractor PREA training forms.

Standard Subsections:

(A) Policy (D1-8.13) requires that “All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training.” Per the TCC PREA Site Coordinator, 100% of those persons have received appropriate PREA training dependent on their level of contact with inmates within the facility.

	<p>(B) During the onsite audit, both volunteers and contract workers were interviewed. When interviewed, these persons all stated that they had been made aware of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member.</p> <p>(C) Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. Per agency policy, volunteers and contractors also receive refresher training every year. The TCC maintains a copy of all training files belonging to both volunteers and contractors. Volunteer/Contractor files were reviewed as part of the auditing process and found to be within compliance.</p> <p>Reasoning & Findings Statement:</p> <p>The agency requires all volunteers and contractors to receive formal training regarding sexual abuse and sexual harassment in a confinement setting, to include the agency's zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency's zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. The TCC has ensured both volunteers and contractors conducting business within the facility have received and subsequently documented their initial PREA trainings. In excess of the PREA standards, the MDOC also requires that volunteers and contractors receive subsequent PREA training in yearly intervals. In speaking with volunteers and contracted personnel, it was clear they understood the professional boundaries between themselves and the inmates assigned to the institution. As such, the TCC has exceeded the provisions of this standard.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC Verbal Language Interpretation Services – Statewide, 8-28-22
- MDOC Sign Language Interpretation Services – Statewide, 8-28-22
- MDOC Offender Rule Book, 2019
- MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11
- MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders
- MDOC Speaking Up – Transcript of (PREA) Video for Female Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille
- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese

- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Clock, English
- Sexual Abuse Awareness Reporting Poster, Female Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, English
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, English
- Sexual Abuse Awareness Reporting Poster, Stop Sign, Spanish
- Sexual Abuse Awareness Reporting Poster, Stop Sign, English
- TCC Offender PREA Training & Chronological Data Sheet, 3-1-23a
- TCC Offender PREA Training & Chronological Data Sheet, 3-1-23b
- TCC Offender PREA Training & Chronological Data Sheet, 3-1-23c
- TCC Offender PREA Training & Chronological Data Sheet, 3-1-23d
- TCC Offender PREA Training & Chronological Data Sheet, 2-14-23
- TCC Offender Intake, 2022

Interviews:

- TCC PREA Site Coordinator
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness

- Random Staff
- Random Inmates

Site Review Observations:

- Observed the inmate reception area.
- Observed PREA Risk Screening Process.
- Observed PREA informational postings in Inmate Housing, Education, Library, Law Library,
and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within
the Library and Law Library areas.
- MDOC PREA Sexual Abuse Awareness Poster, English
- MDOC PREA Sexual Abuse Awareness Poster, Spanish
- MDOC Notice of Cross-Gender Viewing Poster, English
- MDOC Notice of Cross-Gender Viewing Poster, Spanish

Standard Subsections:

(A) Procedure (D1-8.13) requires that upon receipt into the facility, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the audit time frame, the TCC has received 716 inmates during the Intake process. Of those inmates, 100% were provided the initial PREA screening and information.

(B) As noted by Intake staff, inmates are immediately provided a brief summary of the PREA standards upon their initial arrival to the facility. Inmates are then provided a more comprehensive training detailing key points of the process within thirty days of intake. Every inmate transferring into TCC, regardless of how long the inmate has been incarcerated within MDOC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and

response. Within the audit time frame, TCC has received 716 inmates whose stay at the facility was 30 days or more. Of those inmates, 100% received comprehensive education on their rights to be free from both sexual abuse and sexual harassment, as well as retaliation for reporting such incidents, within 30 days of Intake.

(C) Per the TCC PREA Site Coordinator, all inmates who are incarcerated within the TCC are required to watch the Inmate PREA training video, Speaking Up, as a component of comprehensive PREA training. Upon any transfer to another facility within the MDOC, inmates are again required to watch the PREA orientation video as part of that facility's orientation program. The MDOC, despite having largely consistent policies across its system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer (D1-8.13). According to the agency's PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization.

(D) All PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the MDOC, and more specifically, the TCC. PREA brochures and informational posters are provided in both English and Spanish, the most common language other than English spoken within the TCC. The PREA brochure is also available in Japanese, Russian, Serbo Croatian, Simplified Chinese, Traditional Chinese, and Vietnamese. The PREA brochure is available in Braille and large print. The PREA video contains closed captioning for the hearing impaired. Staff translators, or translation services, are available for inmates who do not speak English. Sign Language assistance, large print, and braille are also available. Lastly, it should be noted that per policy (D1-8.13), the agency will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, to ensure said inmates have equal opportunity to benefit from the PREA provisions. Specifically, in accordance with policy, "the department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders" (D1-8.13).

(E) In accordance with policy (D1-8.13), at Intake, inmates are provided with a PREA overview. Within 30 days of Intake, inmates are then provided with a complete and comprehensive in-person facility orientation, to include PREA training. The information received is documented on the TCC Reception and Orientation Completion Form, which is then acknowledged via signature by the inmate receiving training and by the staff members witnessing the inmate's signature.

	<p>(F) Inmates are provided copies of the MDOC Sexual Abuse and Harassment of Offenders Brochure for inmates (available in English, Japanese, Russian, Serbo Croatian, Simplified Chinese, Spanish, Traditional Chinese, and Vietnamese). This material, as well as a wealth of other PREA related information, is continuously available within the facility's Law Library. It is also continuously available via each inmate's tablet. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that inmates are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. TCC provides each inmate with initial and subsequent PREA screening for indicators of sexual victimization. As well, TCC provides the required initial and subsequent PREA informational trainings. In speaking with inmates assigned to the TCC, said inmates stated that they were aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the TCC has met the expectations of compliance with the standards related to this provision.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Training Academy Lesson Plan, PREA Specialized Investigator Training, Modules 1-6, 2016 · MDOC Memo, PREA Specialized Investigator Training, 5-18-15 · IG PREA Investigator Training Roster, 2012 · IG PREA Investigator Training Roster, 2013-2014

- IG PREA Investigator Training Roster, 2015
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 5-31-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 7-18-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 9-25-17
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-4-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 8-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 6-19-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-17-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 11-1-22

Interviews:

- Agency PREA Coordinator
- TCC PREA Site Coordinator
- TCC Facility Warden
- Administrative (Human Resources Staff)
- TCC Investigative Staff

Site Review Observations:

- Reviewed agency training records documenting investigative training curriculums

Standard Subsections:

(A) Per policy (D1-8.13), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(B) Per policy (D1-8.13), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. A review of training records confirms that such documentation is maintained within agency files for all investigators currently utilized within the TCC.

(D) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The MDOC investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. TCC investigative staff

	affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that TCC staff have received specialized training in excess of the generalized training provided to all staff. As such, the TCC has met the requirements of this standard.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Training Academy Lesson Plan, PREA-Specialized Medical/Mental Health Professionals Training, 2017 · MDCO PREA Specialized Training for Medical and Mental Health Workbook, 2017 · MDCO PREA Specialized Training for Medical and Mental Health PowerPoint, 2017 · TCC Medical Staff List · TCC Medical Staff PREA Training, 4-4-23 · TCC Medical Staff PREA Refresher Training, 2020-2021 · MDOC Forensic Exam Memo, 3-15-23 · MDOC Corizon SANE Nurse Credential Log, 4-13-18 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden · Administrative (Human Resources Staff) · Medical Staff

- Mental Health Staff
- SANE/SAFE Contracted Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

(A) The TCC provides medical and mental health services to incarcerated persons assigned to its facility. Policy (D1-8.13) requires that in addition to the generalized training provided to all staff, all full and part-time medical and mental health staff shall receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct. Interviews with Human Resource and TCC medical/mental health staff confirm that staff have received trainings as required. Per the TCC PREA Site Coordinator, 100% of all medical/mental health staff have participated in initial and/or continuing training requirements.

(B) In accordance agency policy and verified through interviews with TCC medical/mental health staff, Centurion medical staff may perform forensic medical examinations if they are qualified to do so. If there is a need for a forensic medical examiner, the offender will either be examined at the facility by a qualified SANE/SAFE nurse or be taken to the local area hospital; namely, University of Missouri Hospital, for said examination.

(C) A review of training records reflects that 100% of current Medical and Mental Health staff assigned to the TCC have received specialized training appropriate for their professional roles.

(D) As well, dependent on their professional role, a review of training records reflects that medical and mental health staff have also received the generalize PREA training provided to all other vendors, volunteers, and contractors working within a correctional setting.

	<p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that medical and mental health staff have received specialized training in medical and mental health services provided to victims of sexual abuse and sexual harassment. The MDOC has policies in place to ensure all TCC medical and mental health staff are furnished this training. TCC medical and mental health administration confirmed that staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. Also, contracted SAFE/SANE staff confirm that all persons conducting forensic medical exams are properly certified to perform said exams. As such, the TCC meets the requirements of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC IS5-2.3, Offender Internal Classification, 7-30-15 · MDOC Adult Internal Risk Assessment Training Manual Excerpt · MDOC Memo, Adult Internal Risk Assessment Directive, 8-27-14 · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · TCC Adult Internal Risk Assessment, Initial, 3-2-23 · TCC Adult Internal Risk Assessment, 30 Day Assessment, 3-29-23 · TCC Adult Internal Risk Assessment, Initial, 11-3-21 · TCC Adult Internal Risk Assessment, 30 Day Assessment, 12-1-21 · TCC Adult Internal Risk Assessment, Initial, 10-20-21 · TCC Adult Internal Risk Assessment, 30 Day Assessment, 11-15-21

Interviews:

- Agency PREA Coordinator
- TCC PREA Site Coordinator
- TCC Facility Warden
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Random Inmates
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files for risk assessment information

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3) requires that all inmates be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. TCC Intake staff affirm the facility's adherence to agency policy. Specifically, all inmates received into the agency, as well as the facility, are screened for sexual victimization and/or sexually abusive risk factors within 72 hours of receipt into the agency or facility. A demonstration of the screening process was observed by the auditor while at the facility. As well, Intake staff explained the facility reception,

PREA awareness information, and risk assessment process in great detail.

(B) Policy (D1-8.13, IS5-2.3) requires that the screenings should occur within 72 hours after arrival. In speaking with TCC Intake staff, it was noted that said screenings take place immediately upon each inmate's arrival to the facility. Per the TCC PREA Site Coordinator, in accordance with agency policy, of the 716 inmates entering the facility (either through intake or transfer) within the audit time frame whose length of stay in the facility was for 72 hours or more, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.

(C) The PREA screening assessment is conducted using an objective screening instrument. A review of the survey provided to inmates does not present itself with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the intake screening demonstration that was observed by the auditor. At intake, to determine an inmate's risk of sexual victimization, as well as an inmate's risk of sexual abusiveness, the inmate is asked a series of questions. To determine an inmate's risk of sexual abusiveness, as well as an inmate's risk of sexual abusiveness, the inmate is again questioned using this objective screening instrument.

(D) The PREA assessment process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Inmates are then asked if others perceive them as the same. Risk screeners are allowed to enter their subjective perception of the inmate's gender expression, as well as any additional information regarding the inmate's sexual safety. During inmate interviews, most inmates stated that they had, in fact, been asked the aforementioned questions upon their receipt into the TCC. Of these, a significant number of inmates interviewed also affirmed that staff later asked them the same, or similar questions related to their sexual safety. There was, however, three (3) inmates who stated that they were not asked any screening questions. To ensure the screening process was, in fact, occurring as required, the Adult Internal Risk Assessments were reviewed onsite for these specific offenders. At that time, it was noted that all said offenders had, in fact, been asked the screening questions on the

Adult Internal Risk Assessment.

(E) In assessing inmates for their risk of being sexually abusive, the PREA assessment form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a risk screening demonstration, the auditor also reviewed several PREA assessment forms. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that the Intake staff confirmed that inmates may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy (D1-8.13, IS5-2.3) requires that within 30 days of the inmate's arrival within the MDOC, or at a facility, the inmate will be reassessed using the Department's Adult Internal Risk Assessment screening tool. Within the audit time frame, 100% of the 716 inmates with a length of stay in the TCC for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the TCC.

(G) Policy (D1-8.13) allows that "the offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." Both the TCC PREA Site Coordinator and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required.

(H) Policy (D1-8.13) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Assessment Form. When interviewed, Intake and the PREA Compliance Manager affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the Adult Internal Risk Assessment Form. As well, inmate interviews confirmed that said population was aware of their right not to answer related questions. None of the inmates interviewed stated that they had received any disciplinary sanctions for ever having failed or refused to answer intake/screening questions.

· Policy (D1-8.13, IS5-2.3) requires that PREA screenings are confidential in nature. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to PREA assessment forms, that facility staff must restrict the spread of information obtained as a function of PREA assessment

	<p>forms to only those designated staff members with an operational need for said information to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The TCC PREA Site Coordinator, and other operative staff associated with PREA assessment forms, affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA assessment forms did require authorized credentials to access said documents within the MDOC electronic data base.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for objective Adult Internal Risk Assessments, which are subsequently administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in offenders' risk status. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the TCC. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering Adult Internal Risk Assessments Forms affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the TCC has satisfied the requirements of this standard.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS5-2.3, Offender Internal Classification, 7-30-15 · IS18-1.1, Required Activities, 8-28-14 · MDOC Memo, Expanded Requirements of the Transgender Committee, 3-10-23 · TCC Memo, Use of Screening Information · TCC SOP/IS5-3.1, Offender Housing Assignments, 2-12-22

- TCC Transgender Committee Review, 7-13-20

Interviews:

- Agency PREA Coordinator
- TCC PREA Site Coordinator
- TCC Facility Warden
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files
- Observed inmate housing and work assignments

Standard Subsections:

(A) Policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that the agency use information from the PREA assessment form to help separate inmates with a high risk

of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA assessment form is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake, Classification, and the PREA Compliance Manager, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. Facility documentation reflects this is an institutionalized process.

(B) Policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the PREA Coordinator, the TCC PREA Site Coordinator, and the TCC Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. In speaking with inmates currently assigned to the TCC, most stated that their own opinions regarding their personal safety are considered by TCC staff when providing housing or job assignments. Inmates further stated that if their concerns for their own safety changed, many believed that most TCC staff would take their concerns seriously.

(C) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, agency policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex inmate to a specific housing or program assignment, agency policy (D1-8.13) dictates that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator, the TCC PREA Site Coordinator, and the TCC Warden, staff affirmed that an inmate's genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.

(D) Agency policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at least every six months to examine any possible safety concerns expressed by the inmate. When interviewed, TCC Unit Management staff did affirm the facility's compliance with this policy. As well, along with routine informal safety checks by the TCC PREA Site Coordinator and housing staff, all transgender inmates confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed every six months.

(E) Agency policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. When interviewed, TCC staff and the TCC PREA Site Coordinator affirmed that the facility strictly adheres to this policy. Additionally, during both random and targeted interviews with inmates, most stated that they believed TCC staff would consider their own views with respect to their own safety.

(F) Policy (D1-8.13, IS5-2.3, IS18-1.1, IS5-3.1) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. In speaking with TCC random staff, the existence of alternative safety and modesty measures for transgender and intersex inmates was affirmed. Specifically, TCC correctional staff stated that upon notification from a transgender or intersex offender, staff provide said offenders with separate shower times from the general population. In interviewing transgender inmates, all such inmates were aware of their right to shower separately from the general inmate population.

(G) There aren't any correctional facilities within the MDOC subject to consent decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex inmates. As such, policy (D1-8.13) expressly states that LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification. In speaking with the PREA Coordinator, the TCC PREA Site Coordinator, and the TCC Warden, said staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of transgender, gay, and bisexual inmates, none stated that they had ever been housed in a facility, or in a specific housing unit within the TCC, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all such staff affirmed that the TCC does not house transgender, intersex, gay, or bisexual inmates in any specific areas based solely on their gender identity or sexual orientation.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The MDOC has numerous policies in place to ensure the most effective and secure use of the PREA assessment form. Inmates deemed to be at high risk are routinely monitored by the PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the

	<p>TCC PREA Site Coordinator reflect that facility staff have discretion in managing the safety of individual inmates. The TCC PREA Site Coordinator, as well as all other TCC staff, affirm their adherence to agency policies and also confirm that the inmate’s own views regarding her safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted to utilize the showers separately from the general population in order to prevent other offenders from being able to view or otherwise endanger transgender inmates during shower times. Additionally, transgender inmates are reviewed every six months specific to their placement and programming assignments. As such, agency policy meets, and TCC adheres to, the requirements of this standard.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Memo for Involuntary Segregated Housing for Protective Custody · TCC Memo, Involuntary Segregated Housing <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Incident Review Team Member · Intermediate or Higher-Level Facility Staff · Staff Who Supervise Inmates in Segregated Housing · Random Inmate Interviews · Targeted Inmate Interviews

Site Review Observations:

- Observed Involuntary Segregated Housing Unit

Standard Subsections:

(A) Policy (D1-8.13) mandates that “following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.” In speaking with the TCC PREA Site Coordinator and the TCC Warden, staff confirm that there have not been any inmates placed in the involuntary segregated housing during the audit time frame. As well, inmate interviews did not suggest that TCC utilizes any form of involuntary segregated housing as a primary means of separation for investigatory purposes. As such, there was not any relevant documentation to review.

(B) In speaking with the TCC PREA Site Coordinator and TCC Warden, it was noted that the TCC has not placed any inmate into involuntary segregated housing for fear of sexual abuse. However, it was further noted that should such an incident ever arise, all efforts would be made to restrict the inmate’s access to programs, privileges, education, and work opportunities only to the least extent possible. Specifically, efforts would be made to ensure such inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as inmates assigned to the general population. If the facility were to restrict access to programs, privileges, education, or work opportunities, the facility would properly document this restriction. As a function of this documentation, staff would further document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation.

(C) Policy (D1-8.13) mandates that the placement of inmates in involuntary segregation for high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but will not ordinarily exceed 30 days. In speaking with the TCC PREA Site Coordinator and the TCC Warden, staff confirmed that there have not been any inmates placed in the involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

	<p>(D) Policy (D1-8.13) requires that upon placement of an inmate into involuntary segregation, the facility must clearly document the basis of the facility's concern for the inmate's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. In speaking with the TCC PREA Site Coordinator and the TCC Warden, staff confirmed that there have not been any inmates placed involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.</p> <p>(E) Policy (D1-8.13) requires that an inmate placed in involuntary segregation due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the TCC PREA Site Coordinator and the TCC Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that the use of involuntary segregated housing is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the TCC PREA Site Coordinator and the TCC Warden, staff confirmed that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review. Correctional staff routinely assigned to work within Segregated Housing were interviewed. While these staff confirmed that inmates assigned to involuntary segregation for high risk of sexual victimization would be afforded similar activities as inmates within general population, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. As such, the TCC has satisfied all component parts of this standard and found to have met its provisions.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC Verbal Language Interpretation Services – Statewide, 8-28-22
- MDOC Sign Language Interpretation Services – Statewide, 8-28-22
- MDOC Offender Rule Book, 2019
- MDOC Employee Handbook, 08/22
- MDOC Training Academy Lesson Plan, Special Needs Offenders, 7-21-11
- MDOC Speaking Up – Transcript of (PREA) Video for Male Offenders
- MDOC Speaking Up – Transcript of (PREA) Video for Female Offenders
- MDOC Memo, PREA – Offender Education, 4-11-12
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Braille
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, English
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Japanese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Large Print
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Russian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Serbo Croatian
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Simplified Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Spanish
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Traditional Chinese
- Offender Sexual Abuse and Harassment Training Acknowledgment Form, Vietnamese
- Sexual Abuse and Harassment of Prisoners Brochure, Braille

- Sexual Abuse and Harassment of Prisoners Brochure, English
- Sexual Abuse and Harassment of Prisoners Brochure, Japanese
- Sexual Abuse and Harassment of Prisoners Brochure, Large Print
- Sexual Abuse and Harassment of Prisoners Brochure, Russian
- Sexual Abuse and Harassment of Prisoners Brochure, Serbo Croatian
- Sexual Abuse and Harassment of Prisoners Brochure, Simplified Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Spanish
- Sexual Abuse and Harassment of Prisoners Brochure, Traditional Chinese
- Sexual Abuse and Harassment of Prisoners Brochure, Vietnamese
- Sexual Abuse Awareness Reporting Poster, Clock, Spanish
- Sexual Abuse Awareness Reporting Poster, Clock, English
- Sexual Abuse Awareness Reporting Poster, Female Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, Spanish
- Sexual Abuse Awareness Reporting Poster, Male Hand, English
- Sexual Abuse Awareness Reporting Poster, Pencil, Spanish
- Sexual Abuse Awareness Reporting Poster, Pencil, English
- Sexual Abuse Awareness Reporting Poster, Stop Sign, Spanish
- Sexual Abuse Awareness Reporting Poster, Stop Sign, English
- MOU between MDOC and Missouri Department of Public Safety, 8-1-13
- MDOC Clear Line for Staff Reporting
- TCC Coordinated Response to Offender Sexual Abuse, 3-5-21
- TCC Memo of Status, No offenders detained solely for civil immigration purposes
- TCC PREA Allegation Notification Checklist – Institution, 7-6-22

Interviews:

- Agency Head
- Agency PREA Coordinator

- TCC PREA Site Coordinator
- TCC Facility Warden
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Random Inmates

Site Review Observations:

- Reviewed facility-based documentation related to inmate reports of sexual abuse and sexual harassment, to include documented offender grievances.
- Reviewed documentation related to third-party reports of alleged sexual abuse and sexual harassment
- Tested the PREA Hotline phone number referenced by offenders
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- Observed a PREA Risk Screening assessments
- Observed multiple informational posters throughout the facility advising inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed PREA informational video discussing various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library
- Observed numerous PREA educational and reporting references available for inmate use on inmate tablets

Standard Subsections:

(A) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon

receipt onto the facility, all inmates are provided a PREA risk screening and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within thirty days of their receipt into the facility. This orientation includes detailed training on the MDOC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with an MDOC Offender Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. Reports can be made in-person, verbally over the phone, in writing (electronically and in print), third party, as well as anonymously. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, all inmates were able to articulate at least one manner by which a report could be made.

(a) As noted in policy (D1-8.13), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided the contact information to the Statewide PREA Reporting Line. This contact information is also readily available for the families of inmates during onsite visitation, as well as publicly posted on the agency's website. Inmates are provided phone numbers to the PREA Hotline, which is an outside agency hot line (Department of Public Safety) and an Internal TIPS hotline. These calls are confidential and without cost to the inmate. Inmates are provided information on reporting incidents directly to facility staff, such as the facility institutional investigator, warden, or grievance coordinator. Lastly, it should be noted that the MDOC does not detain inmates solely for civil immigration purposes.

(B) Per policy (D1-8.13), random staff affirmed that they would accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner that they became of that information. In doing so, many staff stated that they would document all such reports as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. Most inmates interviewed stated that they believed TCC staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

	<p>(C) Per policy (D1-8.13), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, staff may still privately report sexual misconduct by speaking with supervisory staff or by calling an anonymous tip line for staff. When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment through either through this method or with alternative methods of reporting.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure inmates, staff, and outside agents can report all instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All inmates understood their right to make verbal and written complaints. Most inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the TCC has exceeded the requirements of this this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D5-3.2, Offender Grievance, 9-25-22 · TCC Memo, PREA Grievances, 4-17-23

- TCC Memo, Third Party PREA Grievances, 4-17-23

Interviews:

- TCC Facility Warden
- TCC PREA Site Coordinator
- TCC Grievance Staff
- Investigative Staff
- Random Inmates

Site Review Observations:

- Reviewed the offender grievance process.

Standard Subsections:

(A) The MDOC has administrative procedures to address inmate grievances regarding sexual abuse.

(B) Policy (D1-8.13, D5-3.2) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. There is no time limit for inmates to file such grievances. Per the TCC PREA Site Coordinator, when filing complaints of sexual abuse or sexual harassment, offenders are not required to use the informal grievance process or attempt to resolve the allegations with staff prior to filing a formal complaint.

(C) In accordance to agency policy, grievances involving allegations of sexual abuse or sexual harassment shall not be referred to the staff member who is the subject of said complaint. (D1-8.13, D5-3.2). Offender are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. As well, any such investigation will not be referred to the staff member who is the subject of the complaint.

(D) Policy (D5-3.2) requires that a final decision on all allegations of sexual abuse shall be issued by the institutional investigator within sixty (60) calendar days of the initial filing. If sixty (60) calendar days is not sufficient to make an appropriate decision, the institutional investigator may extend the decision up to seventy (70) calendar days (SOPD5-3.2). The inmate shall be notified in writing of such extension.

(E) Policy (D5-3.2) allows a third party to file a complaint on behalf of an inmate. The facility may require, as a condition of processing the complaint that the alleged victim agree to have the complaint filed on his or her behalf. Per the PREA Site Coordinator, if an inmate did not wish to pursue a grievance filed on her behalf, that refusal would be documented. During the audit time frame, the TCC did not receive any third-party grievances filed on behalf of inmates.

(F) Policy (D5-3.2) allows inmates to file emergency grievances if they believe they are subject to a substantial risk of imminent sexual abuse. Upon receipt, staff "shall prepare an initial response which shall be attached to the grievance and provided to the offender within 48 hours of receipt of the initial filing date" (D5-3.2). During the audit time frame, TCC did received two (2) grievances regarding allegations of sexual abuse and sexual harassment. Both grievances were reviewed for adhere to agency policy, as well as merits of determinative findings. These grievances were found to be processed in accordance to agency policy, with their findings based on the preponderance of evidence.

(G) Policy (D5-3.2) notes that "No reprisals shall be taken against an offender for use of, or participation in, the offender grievance procedure." However, it should further be noted that "offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal." As such, per the TCC PREA Site Coordinator, offenders may only be disciplined if it is determined that the offender filed a PREA report in bad faith, i.e., knowingly filed a false report.

Reasoning & Findings Statement:

This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. For litigation purposes; namely, the Prison Litigation Reform Act, any documented complaint made by or confirmed by the inmate serves to exhaust administrative remedies. Policy permits inmates to submit grievances alleging sexual

	<p>abuse and sexual harassment. There is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse. As well, inmates are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. Policy allows sixty (60) calendar days from the initial filing to provide a disposition. During the audit time frame, TCC did received two (2) grievances regarding allegations of sexual abuse and sexual harassment. Both grievances were reviewed for adhere to agency policy, as well as merits of determinative findings. These grievances were found to be processed in accordance to agency policy, with their findings based on the preponderance of evidence.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · MDOC Advocacy Notice, Institutions, English · MDOC Advocacy Notice, Institutions, Spanish · MDOC Advocacy Notice, CSC, English · MDOC Advocacy Notice, CSC, Spanish · MDOC Advocacy Notice, Segregation, English · MDOC Advocacy Notice, Segregation, Spanish · TCC MOU Citizen’s Against Spouse Abuse, Inc., 1-18-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden

- Medical and Mental Health Staff
- TCC Mailroom Staff
- Just Detention International
- SANE/SAFE University of Missouri Hospital
- Citizen's Against Spouse Abuse, Inc.
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Tested the PREA Hotline with offender assistance
- Observed multiple informational posters throughout the facility discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed PREA informational video discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references providing inmate contact access to outside confidential support services for victims of sexual abuse and sexual harassment available for inmate use on inmate tablets and within the facility Law Library.
- Observed visitation area designated for members of an approved victim advocate services
- Reviewed agency website for PREA related information and available services

Standard Subsections:

(A) Policy (D1-8.13) requires that TCC shall "attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center,

the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings.” Offenders also are provided contact information for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. Via institutional awareness posters, inmates are provided the physical address to write for confidential emotional support services. Policy (D1-8.13) also allows that phone communication between inmates and advocates within these rape crisis centers is as confidential as possible. Outgoing mail to rape crisis centers is not restricted or monitored to an extent greater than any other outgoing legal correspondence. When interviewed, the majority of inmates knew that the agency provided free rape crisis support services to inmates. Additionally, all inmates were aware of at least one means by which they could contact rape crisis support services, with most inmates knowing that they could access those services by way of the information provided via the PREA posters located throughout the facility. The TCC does not house persons detained solely for civil immigration purposes or for immigrant service agencies.

(B) Per policy (D1-8.13) inmates are notified that staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. As well, offenders are provided notice to the extent that calls made to rape advocacy centers are monitored.

(C) The TCC has negotiated a contract between itself and Citizen’s Against Spouse Abuse, Inc., a rape crisis center, to help provide crisis support services as requested by inmates assigned to the TCC. The TCC does maintain, and did supply a contract with the rape crisis center. As well, the agency also provides inmates with contact information for Just Detention International and the Rape, Abuse and Incest National Network, with both providing offenders with a national database of advocacy resources. During the on-site review, the auditor did test the rape crisis center hotlines to ensure their functionality. The auditor also tested the online reporting option via the MDOC agency phone number and through its website. All avenues appropriately responded to the test submissions and proved to be valuable reporting options.

Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the TCC have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the TCC are provided with

	<p>contact information for national and/or state-based rape crisis support centers. Inmates are advised that communications between inmates and advocates within rape crisis centers is as confidential as possible. The TCC has secured a memorandum of understanding with rape crisis support services; namely Citizen's Against Spouse Abuse, Inc., a local rape crisis service provider. As well, facility staff have also been formally trained on providing qualified advocacy services. When interviewed, all employees and inmates knew that the agency provided free emotional support services to inmates upon request. As well, many inmates knew that they could initiate access to those services by contacting national rape crisis resource centers using the information posted on the PREA awareness posters predominately displayed throughout the facility, as well as the information postings provided via the MDOC Offender Handbook. As such, the TCC has exceeded the minimum standards of this provision.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Offender Notice of Third-Party Reporting, English · MDOC Offender Notice of Third-Party Reporting, Spanish · MDOC Website Address for Reporting <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden · Investigative Staff · External Reporting Entities · Random Inmates

· Offenders Who Reported Sexual Abuse

Site Review Observations:

- Reviewed MDOC website specific to PREA and third-party reporting methods
- Tested MDOC online third-party reporting system
- Tested TCC facility-based PREA Hotline
- Observed an inmate demonstration of PREA information/reporting access on inmate tablet
- Observed the Inmate Visitation Area informational posters
- Observed informational postings and other publications throughout the inmate housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

(A) Policy (D1-8.13) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged inmates to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by inmate family and friends via the facility's Inmate Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency's website. To verify the online third-party system was operational, the auditor submitted a test email to the agency's online reporting address. To verify the facility-based PREA Hotline was operational, a test call was submitting using one of the phones available to inmates in their housing areas. All methods of contact were found functional and received an agency-based response within a reasonable time frame. During facility interviews, all staff confirmed that the TCC would accept third-party reports of sexual abuse. As well, most inmates believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure that at least one publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted

	<p>upon inmates. In accordance to policy, the TCC promotes the use of third-party reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the MDOC website, all electronic links to PREA information, resources, and support services were tested and found to be operating as required. To ensure the functionality of the MDOC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods. While inmates themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence and direct contact via a telephone reporting system; namely, the TCC provides a facility-based PREA hotline to allow inmates direct access to third-party reporting. To ensure the functionality of these reporting systems, test calls were successfully placed. Additionally, the auditor observed an inmate demonstration of PREA information/reporting access on inmate tablet system. Inmates may also make a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. Most inmates were also aware of their right to file a third-party complaint on behalf of another inmate. As the concept of third-party reporting is institutionalized across staff and inmate cultures, the TCC clearly meets the provisions of this standard.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS11-32, Receiving Screening – Intake Center, 12-10-16 · Missouri Revised Statutes, 8-28-13 <p>Interviews:</p>

- Agency PREA Coordinator
- TCC PREA Site Coordinator
- TCC Facility Warden
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Inmates

Site Review Observations:

- Employee training records

Standard Subsections:

(A) Policy (D1-8.13), as well as state law, mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. Failure of staff to report this knowledge is a Class A Misdemeanor. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against inmates or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all TCC staff had received PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all random staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) During random staff interviews, staff consistently reported their training included protecting the privacy of sexual abuse and sexual harassment victims. In this, it was noted that staff should not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decision. Hence, during interviews, random staff noted that they would share reported information only with authorized staff. As such, random staff interviews confirm that facility employees are

aware of the sensitive and confidential nature of said complaints. In speaking with the TCC PREA Site Coordinator, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (D1-8.13) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. Specifically, policy (D1-8.13) notes if Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." During medical/mental health services staff interviews, the need for medical staff to inform inmates (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.

(D) All inmates incarcerated within the TCC are legally classified as adults. However, agency staff do still note that for offenders under the age of 18, who claim to be victims of sexual abuse, the agency would report the allegations to the designated state agency.

(E) Policy (D1-8.13) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the facility-based Onsite Investigator for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations. Facility-based investigatory staff further confirmed their responsibility in investigating and responding to such allegations in coordination with the agency's PREA Unit Investigators.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing TCC medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well,

	training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the TCC meets the provisions established within this standard.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Instructions for Segregated Housing for Protective Custody · Missouri Revised Statutes, 8-28-13 · TCC Memo, No Segregation due to Imminent Risk <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Incident Review Team Member · Intermediate or Higher-Level Facility Staff · Investigative Staff · Intake Staff · Staff Who Perform Screening for Risk of Victimization and Abusiveness · Medical and Mental Health Staff · Random Staff · Inmates Who Disclosed Sexual Victimization During Risk Screening

	<ul style="list-style-type: none"> • Offenders Who Reported Sexual Abuse • Random Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review of inmate protection procedures • Review of retaliation monitoring procedures <p>Standard Subsections:</p> <p>(A) Per policy (D1-8.13), when the TCC learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the inmate, as well as staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. In speaking with the Agency PREA Coordinator, TCC PREA Site Coordinator, TCC Facility Warden, and random staff, a plethora of possible options were discussed specific to inmate protection measures. As the TCC did not find any evidence within the audit time frame that any inmates assigned to the facility were at a substantial risk of sexual abuse, the facility has no documentation for review. Likewise, no protective actions were required.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to actualize the processes of inmate protection. Agency policy requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. During the audit time frame, the TCC did not receive any reports from inmates who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff provided a more technical and inclusive response than random staff, they too, were centrally focused on protecting the inmate. Hence, the TCC has clearly realized the provisions of this standard.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22
- TCC PREA Allegation Notification Checklist – Institution, 11-8-22
- TCC Memo, Open PREA, 11-9-22
- TCC Memo, Disposition of Outgoing Allegation
- TCC Memo, No Incoming Notifications

Interviews:

- Agency Head
- MDOC PREA Compliance Coordinator
- TCC Facility Warden
- TCC PREA Site Coordinator

Site Review Observations:

- Review of facility-to-facility referral process
- Review of facility-to-facility notification
- Review of six (6) sexual abuse/sexual harassment investigation case files

Standard Subsections:

(A) MDOC policy (D1-8.13) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the

receiving facility must provide notice of these allegations to the head of the facility where the abuse allegedly occurred within 72 hours. A review of Documents for the audit time frame reflects that there was one (1) such referrals made by the TCC and no (0) such referrals made to the TCC.

(B) Per MDOC policy (D1-8.13), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The TCC Warden confirmed that all notices, if received from inmates, would be sent by the Warden's Office to the destination facility as soon as possible, usually within 24 hours, but certainly within 72 hours.

(C) The TCC documents this notification through the use of a PREA Allegation Notification Checklist - Institution Form. To expedite communication, the incident investigation report is then transferred between facilities via email.

(D) Upon receipt of said allegations, per the TCC PREA Site Coordinator, the facility where the incident is reported initiates the coordinated response by completing the notification checklist and offering advocacy. The coordinated response is then forwarded to the PREA Site Coordinator and PREA Site Coordinator at the affected facility. The affected facility will then initiate the request for investigation and ensure that the information has been forwarded to the PREA Unit. The TCC Warden confirmed that all notices, when received from other institutions, are subsequently processed in accordance to agency policy.

Reasoning & Findings Statement:

This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the audit time frame, the TCC hasn't received any (0) incoming allegations of sexual abuse/harassment from an inmate who reported such at another MDOC location. Within the audit time frame, the TCC has received one (1) outgoing allegations of sexual harassment from an inmate who reported said allegations once he was reassigned to the TCC. Documentation related to this report was reviewed to ensure appropriate notification was provided to respective offices. In doing so, it was noted that agency policy, staff comments, and collaborative referral processes all reflect that the TCC has satisfied the provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- MDOC Basic Training Lesson Plan, 11/13
- TCC Coordinated Response to Offender Sexual Abuse, 3-5-21
- TCC PREA Annual Report, 2022
- TCC PREA Allegation Notification Checklist – Institution, 7-6-22
- TCC PREA Allegation Notification Checklist – Institution, 8-16-22

Interviews:

- TCC PREA Site Coordinator
- TCC Facility Warden
- Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Review of employee training records
- Review of investigative case files
- Review of TCC PREA Coordinated Response Plan

Standard Subsections:

(A) MDOC policy (D1-8.13) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Once the first responder learns that an inmate has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In interviewing staff who served as TCC security first-responders, their actions taken were consistent with policy. Within the audit time frame, TCC has received four (4) allegations from inmates who claim to have been victims of sexual abuse. Of these, none (0) were presented within a time frame that would have still allowed for the collection of physical evidence.

(B) MDOC Policy (D1-8.13) requires that first responders are to request that the alleged victim not take actions that could destroy physical evidence. If the first responder is a non-security staff member, that person should immediately notify a custody officer of the allegation. Of the four (2) reported sexual abuse allegations, two (2) were initially reported to non-security staff members. In interviewing non-security staff who had served in such a capacity prior, it was noted that said staff did follow agency protocol regarding the preservation of evidence if possible.

Reasoning & Findings Statement:

This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all random staff interviewed absolutely articulated that point. Most staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of the employee training matrix and class curriculums regarding evidence collection reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification to a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently

	supports the expectations required by this standard.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · TCC Coordinated Response to Offender Sexual Abuse, 3-5-21 · TCC PREA Annual Report, 2022 · TCC PREA Allegation Notification Checklist – Institution, 7-6-22 · TCC PREA Allegation Notification Checklist – Institution, 8-16-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Incident Review Team Member · Intermediate or Higher-Level Facility Staff · Investigative Staff · Medical and Mental Health Staff · SANE/SAFE Contracted Staff · Random Staff · Offenders Who Reported Sexual Abuse

	<p>Site Review Observations:</p> <ul style="list-style-type: none"> Review of agency policies Review of departmental level facility procedures <p>Standard Subsections:</p> <ul style="list-style-type: none"> The TCC has developed a written institutional plan; namely, the TCC Coordinated Response to Offender Sexual Abuse, 3-5-21, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment. <p>Reasoning & Findings Statement:</p> <p>This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the TCC implemented a unit-based policy (TCC Coordinated Response to Offender Sexual Abuse, 3-5-21) that details the coordinated response plan to an incident of inmate sexual abuse and sexual harassment. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As such, the TCC has met the provisions within this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19

- D2-11.6, Labor Organizations, 9-20-13
- MDOC MOU MOCOA, 9-30-18
- MDOC Labor Agreements Pending, 12-15-22

Interviews:

- Agency Head
- Agency Contract Administrator
- Agency PREA Coordinator
- TCC PREA Site Coordinator
- TCC Facility Warden
- Administrative (Human Resources Staff)

Site Review Observations:

- Reviewed agency labor contracts

Standard Subsections:

(A) Per policy (D1-8.13, D2-11.6), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the Missouri Department of Corrections and the Missouri Corrections Officers Association ensure that the MDOC retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(B) The auditor is not required to audit this provision.

	<p>Reasoning & Findings Statement:</p> <p>This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy allows for employees to be transferred or otherwise removed from specific duties pending the outcome of a sexual abuse or sexual harassment investigations. In speaking with investigative staff and the TCC Warden, the process of suspending or separating employees from their duties as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the MDOC; more specifically, the TCC unit administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the TCC has satisfactorily met all provisions within this standard.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · TCC Coordinated Response to Offender Sexual Abuse, 3-5-21 · TCC Assessment/Retaliation Status Checklist, Initial, Date Not Showing · TCC Assessment/Retaliation Status Checklist, 30 Day, Date Not Showing · TCC Assessment/Retaliation Status Checklist, 60 Day, Date Not Showing · TCC Assessment/Retaliation Status Checklist, 90 Day, 10-4-22 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden

- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Random Inmates

Site Review Observations:

- Reviewed all retaliation monitoring logs associated with investigative case files.

Standard Subsections:

(A) Policy (D1-8.13) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. During random staff interviews, it was noted that staff would take immediate action to protect inmates who are in substantial risk of imminent sexual abuse. Staff noted that they also would take any necessary action to protect inmates who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

(B) In speaking with the TCC PREA Site Coordinator, it was noted that the institution would employ multiple protection measures, such as housing changes, or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates and staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. In speaking with the facility's coordinator for retaliation monitoring, it was noted that continual observation, as well as routine conversations with affected inmates, helps to detect if any changes have occurred within an inmate's correctional condition once a report of sexual abuse/sexual harassment has been made. If retaliation is suspected, it was noted that immediate action would be taken to remedy the perceived injustice. However, during the audit time frame, there have been no instances of retaliation reported.

(C) Per policy (D1-8.13), for a minimum of 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of offenders and/or staff who report sexual abuse. Conduct measures, such as a review of disciplinary reports, treatment by other staff and inmates, and changes in housing,

program assignments, work assignments, and demeanor will be reviewed along with the periodic status checks. This periodic status checks should be conducted at 30-day intervals. However, during a previous internal review, it was noted that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected a systematic delay in offender status checks. As such, no further action regarding such is needed at this time.

(D) Per the facility PREA Site Coordinator, in the case of offenders, the facility has designated trained staff to monitor alleged victims, and such monitoring does include periodic in-person status checks. However, during a previous internal review, it was noted that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected a systematic delay in offender status checks. As such, no further action regarding such is needed at this time.

(E) Per the facility PREA Site Coordinator, if any other individual (staff, volunteer, contractor, inmate, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.

(F) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. MDOC policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. Both the agency PREA Coordinator and the TCC Site Coordinator provided detailed explanations of the current monitoring process. The auditor did observe some time lapses between several periodic status checks. In observing this, it was noted that during a previous internal review, the facility had already discovered that several monitoring files had meaningful lapses in time between offender status checks. At that time, the facility took immediate action to address the delay. Since affecting this change, monitoring files no longer reflected any such delay in offender status checks. As such, no further action is needed at this time. Given the totality of the policies provided, staff knowledge regarding the process, review of the current TCC monitoring process, along with subsequent action taken to ensure the timely maintain of retaliation

	monitoring, the TCC has met the basic provisions of this standard.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Instructions for Segregated Housing for Protective Custody · TCC Coordinated Response to Offender Sexual Abuse, 3-5-21 <p>Interviews:</p> <ul style="list-style-type: none"> · TCC PREA Site Coordinator · TCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Random Staff · Staff Who Supervise Inmates in Segregated Housing · Random Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Observed segregated housing <p>Standard Subsections:</p> <p>(A) Policy (D1-8.13) prohibits placing inmates who allege sexual abuse or to be at a</p>

	<p>high risk of sexual abuse, in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. Offenders assigned to involuntary segregated housing shall only be assigned to this housing until an alternative means of separation from likely abusers can be arranged. Within the audit time frame, the TCC has not placed any (0) offenders who have suffered sexual abuse or who are at a high risk of sexual abuse in involuntary segregation pending completion of their assessment.</p> <p>Reasoning & Findings Statement:</p> <p>Agency policy strictly prohibits the use of involuntary segregated housing as a de facto response to inmate safety concerns. Rather, as explained by the TCC PREA Site Coordinator, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, TCC administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the TCC Warden and the TCC PREA Site Coordinator did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be their absolute last option. As such, the TCC has satisfied the requirements of this provision.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D1-8.1, Office of Professional Standards, 7-1-17 · D1-8.4, Institutional Investigations, 10-24-21 · MDOC Training Academy Lesson Plan, PREA Specialized Investigator Training, Modules 1-4, 2016 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 5-31-22 · NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings,

7-18-18

- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 11-1-18
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 9-25-17
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-4-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 8-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 6-19-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 10-17-22
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, 4-23-19
- NIC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Advanced Investigations, 11-1-22
- TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 6-10-22

Interviews:

- Agency PREA Coordinator
- TCC PREA Site Coordinator
- TCC Facility Warden
- Investigative Staff

Site Review Observations:

- Review all investigative case files
- Reviewed investigator training certifications
- Reviewed agency training records documenting investigator training

curriculums

Standard Subsections:

(A) Policy (D1-8.13, D1-8.1, D1-8.4) requires that when the agency conducts criminal or administrative investigations of sexual abuse and/or sexual harassment of an inmate, the investigation should be conducted promptly and thoroughly, and should be continued until a determination of substantiated, unsubstantiated, or unfounded can be made.

(B) Policy (D1-8.13, D1-8.1, D1-8.4) requires that all staff responsible for conducting sexual abuse investigations received specialized training related to PREA. In speaking with agency investigators, it was noted that all investigators have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the TCC PREA Site Coordinator and the PREA Unit Investigator, said staff confirmed participation in related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(C) As noted by facility investigators, the agency requires staff to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal and administrative investigations. It was further noted that all allegations require the victim, suspected perpetrators, and any witnesses to be interviewed. Additionally, any previous reports or documentation that may contribute to the overall investigation are reviewed. In short, per agency policy, investigators are required to gather and preserve all direct and circumstantial evidence related to the allegations.

(D) In speaking with a PREA Unit Investigator, it was noted that compelled interviews would only be conducted after speaking with state police and authorized by the local prosecutor.

(E) In speaking with investigative staff, it was noted that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not on the basis of that individual's status as an inmate or staff member. Investigators further noted that the use of a polygraph test or other truth-telling device cannot be used as a condition of investigating allegations of sexual abuse or sexual harassment. The

facility investigator confirmed that the credibility of the alleged victim, suspect, or witness was assessed on a case-by-case basis, regardless of that person's status as an inmate, staff member, contractor, volunteer, or other facility connection. Within the audit time frame, there were no instances of TCC investigators employing the use of any polygraph or other truth telling devices as a prerequisite function of PREA investigations.

(F) Policy (D1-8.13) requires that "administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse." A review of investigatory files maintained by the TCC PREA Site Coordinator and/or Institutional Investigators provided detailed written reports of both the allegations and subsequent investigations.

(G) Investigatory staff noted that that all administrative and criminal investigations are documented in written reports. As a function on that documentation, such reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of investigatory files maintained by the PREA Site Coordinator and Institutional Investigator did provide detailed written reports of both the allegations and subsequent investigations.

(H) As noted by the PREA Unit Investigator, and required by policy, substantiated allegations of sexual abuse shall be referred for prosecution. During the audit time frame, the TCC has not substantiated any allegations of sexual abuse that were later accepted by the district attorney for subsequent prosecution.

(I) Policy (D1-8.13) requires that "Administrative and criminal investigation reports shall be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention." In speaking with the PREA Unit Investigator, this retention process was thoroughly detailed.

(J) As noted by agency investigators, the departure of the alleged abuser or victim from employment or control of the facility or department does justify terminating an investigation. Rather, all investigations must be completed through their natural termination processes.

(K) The auditor is not required to audit this provision.

	<p>(L) As noted by agency investigators, if outside agencies were to conduct investigations into instances of sexual abuse and sexual harassment, facility staff would cooperate with these outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the TCC PREA Site Coordinator and the TCC Institutional Investigator, it was also noted that the facility investigator and any outside agencies would strive to maintain a professional relationship that would allow for the general use of routine communication to remain informed about the progress of any investigation. This would subsequently ensure that TCC staff remained informed on the progress of all sexual abuse investigations.</p> <p>Reasoning & Findings Statement:</p> <p>When the MDOC conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. Agency investigators have received the general PREA training provided to all MDOC staff. As well, investigators have also taken more specific training relevant to conducting sexual abuse investigations in a confinement setting. As a function of the investigation process, investigators must make all efforts to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, and statements from alleged victims, suspected perpetrators, and witnesses. Investigators do not conduct compelled interviews without first consulting criminal prosecution. In judging the merits of all allegations, the credibility of an alleged victim, suspect, and witness are assessed on an individual basis as supported by the evidence of the investigation and not determined by the person's status as an offender or staff. Offenders are not required to submit to a polygraph as a condition for proceeding with the investigation of an alleged incident. Lastly, along with documenting the investigation in a written report, administrative investigations must also include an effort to determine whether staff actions or failures to act contributed to the abuse. As TCC is complying with all parts of these provisions, it is found to have met this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19

- TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 6-10-22

Interviews:

- TCC Facility Warden
- TCC PREA Site Coordinator
- Investigative Staff

Site Review Observations:

- Review of investigatory case files

Standard Subsections:

(A) Policy (D1-8.13) requires that the evidence needed to determine whether an allegation of sexual abuse and/or sexual harassment is substantiated shall be no higher than a preponderance of the evidence. Specifically, it is noted that “administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.” In speaking with facility investigators, this requirement was confirmed as the governing standard in determining the outcome of sexual abuse/sexual harassment investigations within the prison setting. Hence, for substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true.

Reasoning & Findings Statement:

Agency policy requires that MDOC investigators establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse and sexual harassment are substantiated. When interviewed, TCC Onsite and PREA Unit Investigators confirmed that standard of proof to be slightly more than half. An onsite review of case files reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was noted as merely a preponderance of evidence. With this, the TCC has satisfied all material provisions of this standard.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 6-10-22 · TCC Memo, Office of Retention for Notification Letters · TCC PREA Annual Report, 2022 · TCC PREA Alleged Sexual Abuse by Offender Notification, 10-3-22 · TCC PREA Unit, 12-7-22 · TCC PREA Alleged Sexual Abuse by Offender Notification, 12-8-22 · TCC Memo, Offender Notification Letter, 12-8-22 · TCC Institutional Housing Inquiry, 4-18-23 <p>Interviews:</p> <ul style="list-style-type: none"> · TCC PREA Site Coordinator · TCC Facility Warden · Designated Staff Member Charged with Monitoring Retaliation · Investigative Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Review of investigative case files <p>Standard Subsections:</p>

(A) Policy (D1-8.13) requires that all persons who alleged sexual abuse or harassment are provided a written response as to the disposition of the subsequent investigation. In speaking with the PREA Unit Investigator, it was noted that of all closed investigations during the audit time frame, all inmates have since been notified, in writing, of the investigation results.

(B) Within the audit time frame, there have not been any investigations of alleged sexual abuse occurring at the TCC completed by an outside agency. However, per investigative staff, agency policy does require that where allegations are referred for criminal investigation to an outside agency, facility staff will follow the case until it is determined to be substantiated, unsubstantiated, or unfounded.

(C) Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate whenever the staff member is no longer:

- o Assigned to the facility; or
- o Employed with the Department

(D) Policy (D1-8.13) requires that when an inmate has filed allegations of sexual abuse against another inmate, the agency must notify the inmate whenever the alleged abuser has been:

- o Indicted on a charge related to sexual abuse or
- o Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse.

(E) Policy (D1-8.13) requires that the agency document all notifications or attempted notifications regarding disposition to inmate allegations of sexual abuse and/or sexual harassment. Interviews with the TCC PREA Site Coordinator and the TCC PREA Unit Investigator confirm adherence to said policy. As well, a review of documented notifications support said adherence.

(F) Auditor is not required to audit this provision.

Reasoning & Findings Statement:

	<p>Agency policy requires TCC staff to provide inmates with dispositions for all claims of sexual abuse and sexual harassment. TCC Onsite Investigators, along with agency PREA Unit Investigators, conduct all sexual abuse and sexual harassment investigations. If agency staff suspect that a prosecutable crime has occurred, facility staff will contact the prosecutor's office for further consideration. If the investigation is taken over by a local law enforcement agency, facility staff do remain actively engaged in those investigations. However, during the audit time frame, no outside law enforcement agencies have completed sexual abuse investigations within the TCC. Agency policy provides that all inmates who have filed a previous sexual abuse and sexual harassment claim against agency staff, receive notification upon a that employee being assigned to another facility or having discharged from the agency. Lastly, policy requires these notifications to be documented. Within the audit time frame, TCC staff have provided notifications as required on all such investigations. All notifications to TCC inmates were provided in written format, of which, the offender signed to acknowledge receipt. Documentation reflecting proper notifications was reviewed and found to be within policy. As such, the TCC is operating in accordance with all parts of this provision.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 6-10-22 · TCC PREA Unit, 12-7-22 · TCC Memo, Staff Resignation, 8-16-22 <p>Interviews:</p> <ul style="list-style-type: none"> · TCC PREA Site Coordinator · TCC Facility Warden · Investigative Staff

- Random Staff

Site Review Observations:

- Review of investigative case files

Standard Subsections:

(A) MDOC Policy (D1-8.13) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating MDOC sexual misconduct policies. Interviews with the TCC PREA Site Coordinator, TCC Facility Warden, and the TCC Onsite Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(B) MDOC Policy (#208.039) continue by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate. During the audit time frame, there has been one (1) TCC staff who has been terminated, or resigned prior to termination, for violating agency sexual abuse or sexual harassment policies.

(C) MDOC Policy (#944.35) stipulate disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Again, interviews with the TCC PREA Site Coordinator, TCC Warden, and the TCC Onsite Investigator confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(D) Per the TCC PREA Site Coordinator, TCC Facility Warden, and the TCC Onsite Investigator, when the perpetrator is a medical or mental health professional, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation will be reported to local law enforcement, as well as the appropriate licensing body.

	<p>Reasoning & Findings Statement:</p> <p>These provisions work to ensure that agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The State of Missouri has made the consequences of engaging in such behavior exceptionally clear. Within audit time frame, there has been one (1) staff member assigned to the TCC who has violated agency policy regarding sexual abuse or sexual harassment. Said staff resigned, prior to termination, for violating agency sexual abuse or sexual harassment policies. During staff interviews, all staff expressed their knowledge of the agency's zero tolerance policy. Hence, the TCC administration has satisfied the provisions of this standard.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · D2-13.1, Volunteers and Reentry Partners, 7-10-21 · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 6-10-22 · TCC Memo, No Volunteer/Contractor Investigation, 3/23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Contract Administrator · TCC PREA Site Coordinator · TCC Facility Warden · Investigative Staff · Administrative (Human Resources Staff)

- Contractors Who May Have Contact with Inmates
- Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Reviewed contractor/volunteer PREA training files

Standard Subsections:

(A) Policy (D1-8.13) advises contractors and volunteers who violate the agency's Zero-Tolerance Policy will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the MDOC. Additionally, any contractor or volunteer who engages in sexual abuse will be reported to law enforcement and to any relevant licensing bodies. During the audit time frame, the TCC has not been required to report any incidents of inappropriate conduct by contractors or volunteers to a relevant licensing board or local law enforcement. Rather, interviews with volunteers and contracted staff evidenced that the agency's zero-tolerance policy has been institutionalized.

(B) Policy (D1-8.13) advises contractors and volunteers that when cases of sexual abuse are substantiated against contractors or volunteers, the Department will prohibit those persons from further contact with inmates, as well as refer all criminal allegations to local law enforcement for possible prosecution.

Reasoning & Findings Statement:

Policy expressly states that contractors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates upon substantiation of the investigations. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. During the audit time frame, the TCC has not found any contractors or volunteers to have engaged in inappropriate relations with inmates. Interviews with volunteers and contractors reflect that the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and TCC is in compliance with such.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS19-1.6, Offender Accountability Program, 5-1-19 · MDOC Offender Rulebook, 2019 · MDOC Instructions for PREA Disciplinary Sanctions & Mental Health Referrals · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 6-10-22 · TCC Annual PREA Report, 2022 <p>Interviews:</p> <ul style="list-style-type: none"> · TCC Facility Warden · TCC PREA Site Coordinator · Investigative Staff · Medical Staff · Mental Health Staff · Random Staff · Random Inmates · Targeted Inmates <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Review of disciplinary processes and sanctions

Standard Subsections:

(A) Policy (D1-8.13, IS19-1.6) notes that following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse, said inmate is subject to disciplinary sanctions pursuant to formal disciplinary processes. "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13). During the audit time frame, the TCC has had one (1) administrative finding of guilt regarding inmate-on-inmate sexual abuse investigation.

(B) Policy (D1-8.13, IS19-1.6) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. As well, sanctions consider aggravating and mitigating factors.

(C) When determining an inmate's disciplinary sanctions, policy (D1-8.13, IS19-1.6) does consider how an inmate's mental disabilities or mental illness contributed to his behavior. "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13).

(D) Per policy (D1-8.13, IS19-1.6), all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined necessary by mental health services in consultation with inmate services. Specifically, "If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13).

(E) Per the TCC PREA Unit Investigator, the TCC will discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct. "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions" (D1-8.13).

	<p>(F) Per policy (D1-8.13, IS19-1.6), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations. Rather, only when it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that the offender shall be subject to discipline (D1-8.13, IS19-1.6).</p> <p>(G) Per MDOC policy (D1-8.13), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as sexual battery or attempted sexual battery.</p> <p>Reasoning & Findings Statement:</p> <p>The inmate disciplinary process is a formal means to address institutional misconduct. The TCC uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the audit time frame, the TCC has processed one (1) disciplinary findings of inmate-on-inmate sexual abuse that occurred at the facility. In considering agency policies, facility procedures, staff interviews, and inmate comments, TCC is compliant with disciplinary standards as required under this provision.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · IS11-32, Receiving Screening – Intake Center, 12-10-16 · MDOC Informed Consent Form, 9/14 · TCC Memo, Medical and Mental Health Screenings, 3/23 · TCC Receiving & Orientation PREA Evaluations, 2022

- TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22
- TCC Adult Internal Risk Assessment, Initial, 3-2-23
- TCC Adult Internal Risk Assessment, 30 Day Assessment, 3-29-23
- TCC Adult Internal Risk Assessment, Initial, 11-3-21
- TCC Adult Internal Risk Assessment, 30 Day Assessment, 12-1-21
- TCC Adult Internal Risk Assessment, Initial, 10-20-21
- TCC Adult Internal Risk Assessment, 30 Day Assessment, 11-15-21

Interviews:

- TCC PREA Site Coordinator
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Reported Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed Intake/Medical Screening Areas
- Review of Medical/Mental Health PREA Screening Forms
- Review of Mental Health/Medical referrals within investigative case files

Standard Subsections:

(A) Policy (D1-8.13, IS11-32) requires that upon arrival, all TCC inmates will be screened for sexual abuse risk factors. If the assessment indicates that the offender

has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening. During the audit time frame, 100% of inmates received at the TCC who disclosed prior victimization during screening were offered a follow-up meeting with a mental health practitioner. Interviews with inmates who had experienced prior sexual victimization confirm the institutionalization of this practice. As well, a review of mental health referrals supports the institutionalization of this practice.

(B) Per policy (D1-8.13, IS11-32), persons with a history of being sexually abusive must be referred for mental health services within 14 days. In speaking with Mental Health staff, it was noted that the nature of the referral is in accordance with the individualized needs of each inmate. During the audit time frame, 100% of inmates received at the TCC who had previously perpetrated sexual abuse, as indicated during the screening process, were offered a follow-up meeting with a mental health practitioner. A review of mental health referrals supports the institutionalization of this practice.

(C) The TCC is not a jail.

(D) Per policy (D1-8.13, IS11-32) practitioners must report any sexual abuse that occurred in a correctional facility. Any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local laws.

(E) Per policy (D1-8.13, IS11-32), and as noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years.

Reasoning & Findings Statement:

During the audit time frame, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a mental health practitioner. During the audit time frame, the TCC has also referred 100% of inmates who had previously perpetrated sexual abuse, as indicated during risk screening, for

	<p>a follow-up meeting with a mental health practitioner. As noted by medical and mental health staff, the TCC is providing routine and regular medical screens and health services in accordance to qualified medical and mental health assessments, as well as to policy. As observed during the Intake process, these assessments occur as a required function of facility admittance. Documentation specific to the PREA assessment form for medical and mental health staff reflects the use of the screening tool to determine appropriate housing and medical/mental health needs. As such, the facility is meeting all provisions as established within this standard.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC MOU Corizon Health for Medical Services · MDOC Corizon SANE Protocol, 3-1-16 · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · TCC Coordinated Response to Offender Sexual Abuse, 3-5-21 <p>Interviews:</p> <ul style="list-style-type: none"> · TCC PREA Site Coordinator · Medical Staff · Mental Health Staff · SANE/SAFE Staff University of Missouri Hospital · Security Staff and/or Non-Security Staff Who Have Acted as First Responders · Random Staff <p>Site Review Observations:</p>

- Observed Medical/Mental Health Departments
- Review of Medical/Mental Health PREA Assessment Form
- Review of investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with agency policy. In speaking with medical and mental health staff, adherence to policy was confirmed. Inmates who had previously made allegations of sexual abuse or sexual harassment also confirmed that they had received medical/mental health treatment in a timely manner.

(B) During interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations. In speaking with medical and mental health staff, 24-hour availability of qualified medical practitioners was affirmed.

(C) Policy (D1-8.13) requires that victims of recent sexual assault are referred for forensic exams for relevant treatment and the gathering of evidence. As noted by SAFE/SANE hospital personnel, all persons receiving forensic exams are provided prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases as appropriate. In speaking with medical staff, adherence to this policy was confirmed.

(D) MDOC policy (D1-8.13) requires that "treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In speaking with medical staff, adherence to this policy was confirmed.

Reasoning & Findings Statement:

	<p>This standard is designed to provide inmates access to emergency medical and mental health services. In this, facility staff are meeting all the provisions within this standard. Policy allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the inmate's course of treatment; specifically, what is medically indicated based on forensic evidence collection needs or physical trauma. Lastly, documentation reflecting access to medical and mental health care was reviewed onsite. In examining the totality of the information provided, the TCC has certainly met the minimum provisions of this standard via emergency (24-hour) access to qualified medical staff.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 • MDOC Instructions for PREA Disciplinary Sanctions & Mental Health Referrals • MDOC MOU Corizon Health for Medical Services • MDOC Corizon SANE Protocol, 3-1-16 • TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 • TCC Coordinated Response to Offender Sexual Abuse, 3-5-21 <p>Interviews:</p> <ul style="list-style-type: none"> • TCC PREA Site Coordinator • Medical Staff • Mental Health Staff • SAFE/SANE Staff University of Missouri Hospital • Inmates Who Reported Prior Sexual Victimization • Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical/Mental Health Departments
- Review of Medical/Mental Health PREA Assessment Forms
- Review of investigative case files

Standard Subsections:

(A) Policy (D1-8.13) requires that all allegations of sexual victimization must be evaluated by medical and medical health staff. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were previously receiving mental health treatment services, they confirmed that upon facility transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

(B) Per policy (D1-8.13), the MDOC will provide continuing mental health services to inmates throughout their assignment to the MDOC.

(C) Policy (D1-8.13) requires that all victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews with medical and mental health practitioners confirmed the facility's adherence to said policy.

(D) Policy (D1-8.13) notes that "victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests." However, it should be noted that the TCC does not house female inmates or currently house any transgender men. As such, emergency contraception is not a medically necessary at this time.

(E) In speaking with medical staff, it was noted that should pregnancy results from sexual assault, victims would be offered timely and comprehensive information about

the timely access to all lawful pregnancy-related medical services. However, it should be noted that the TCC does not house female inmates or currently house any transgender men. As such, information about the timely access to all lawful pregnancy-related medical services is not a medically necessary at this time.

(F) Policy (D1-8.13) requires that when medically appropriate prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims. In speaking with medical staff and contracted SAFE/SANE personnel, agency adherence to this policy was confirmed.

(G) Policy (D1-8.13) notes that treatment services for sexual abuse will be provided “regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.” In speaking with medical and mental health staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical or mental health treatment for allegations of sexual abuse also confirmed that they were not charged a co-payment fee for said services.

(H) Policy (D1-8.13) requires that “victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.”

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The TCC offers qualified and coordinated medical and mental health care regardless of an inmate’s ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments for both medical and mental health services. Once established, access to said treatment follows the offender throughout the MDOC system. The medical and mental health services provided are consistent with the community level of care. Additionally, as noted by medical and mental health staff, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the TCC Medical and Mental Health Departments have collectively exceeded the provisions of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · TCC Coordinated Response to Offender Sexual Abuse, 3-5-21 · TCC PREA Unit, 12-7-22 · TCC PREA Sexual Abuse Debriefing, 4-18-23 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden · Incident Review Team Member · Offenders Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Reviewed Sexual Abuse Debriefing documentation <p>Standard Subsections:</p> <p>(A) Policy (D1-8.13) states that “each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the</p>

investigation or inquiry is unfounded.” This review will be done for both substantiated and unsubstantiated allegations. During the audit time frame, the TCC has concluded three (3) alleged sexual abuse investigations. In speaking with the TCC Warden, the role of each person within the debriefing process was explained.

(B) Policy (D1-8.13) mandates the “debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry.” During the audit time frame, the TCC has concluded one (1) sexual abuse investigations that were not deemed unfounded. Due to an oversight, a debriefing of that particular sexual abuse investigation was not conducted within 30 days of the conclusion of the investigation. Unfortunately, this was the only sexual abuse investigation not deemed unfounded completed within the audit time. Therefore, to determine if this process ordinarily occurs within 30 days of the conclusion of the investigation, additional investigations were reviewed from outside of the audit time frame. A review of five (5) investigations occurring prior to the audit time frame demonstrate that the facility does, in fact, ordinarily conduct relevant debriefing within 30 days of the conclusion of a sexual abuse investigation.

(C) Policy (D1-8.13) requires that “the review team for offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable

(D) Upon completion of the debriefing, the facility shall implement the recommendations outlined in the debriefing report for improvement or shall document its reasons for not doing so. This information is noted by completing the debriefing form. In speaking with the TCC Warden, the debriefing process was explained in great detail.

Reasoning & Findings Statement:

During the audit time frame, TCC has conducted one (1) sexual abuse incident debriefings specific to sexual abuse allegations. Documentation relative to the debriefings was examined to ensure that the debriefing team consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D of this standard, a debriefing report was completed with appropriate subsequent action taken where required, and that the review was ordinarily conducted within 30 days of the investigation conclusion. The debriefing, when it occurred, did consist of the appropriate committee members and did give consideration to relevant factors. However, due to an oversight, that debriefing was not conducted within 30 days of the conclusion of the investigation. Unfortunately, this was the only sexual abuse investigation not deemed unfounded that was completed within the audit time frame. Therefore, to determine if this process

	<p>ordinarily occurs within 30 days of the conclusion of the investigation, additional investigations were reviewed from outside of the audit time frame. A review of five (5) investigations occurring prior to the audit time frame demonstrate that the facility does, in fact, ordinarily conduct relevant debriefing within 30 days of the conclusion of a sexual abuse investigation. In speaking with facility staff, each person explained their role within the debriefing process. Additionally, inmates were interviewed to determine what, if any, changes were needed or subsequently made to institutional policy following their reported incidents. With this, given the totality of the information reviewed, policies, documented evidence, staff and inmate interviews, it is apparent that the TCC has maintained overall compliance with each of the aforementioned provisions.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC Memo, Investigative Report Intelligence System [IRIS] · Survey of Sexual Victimization Form, 2021 · TCC Annual PREA Report, 2022 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden <p>Site Review Observations:</p> <ul style="list-style-type: none"> · Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (D1-8.13) provides all staff within the MDOC a standardized set of definitions specific to sexual abuse and sexual harassment allegations. Policy (D1-8.13) further mandates that the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a Survey of Sexual Victimization Incident Form. In speaking with the Agency PREA Coordinator and the TCC PREA Site Coordinator, adherence to this provision was confirmed.

(B) Policy (D1-8.13) further requires that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. In speaking with the Agency PREA Coordinator and the TCC PREA Site Coordinator, adherence to this provision was confirmed.

(C) In reviewing the MDOC Annual PREA Reports, it was noted that the MDOC has completed the U.S. Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization report. Furthermore, as confirmed by the MDOC PREA Coordinator, the data includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.

(D) In speaking with the TCC PREA Site Coordinator, it was noted that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with the MDOC records retention schedule. The MDOC PREA Coordinator confirmed the agency's overall adherence to this policy. As well, the TCC PREA Site Coordinator confirmed that above reference sources were continuously used to inform the agency's annual statistical reports.

(E) In speaking with the MDOC PREA Coordinator, it was noted that all aggregated sexual misconduct data received from private facilities with which it contracts is made available for inclusion the agency's aggregated data set. The MDOC PREA Coordinator confirmed the agency's overall adherence with this policy.

	<p>(F) Policy (D1-8.13) requires that the PREA Coordinator provide aggregated data on sexual abuse and sexual harassment occurring within the MDOC to the Department of Justice (DOJ); specifically, the Bureau of Justice Statistics, on an annual basis. As confirmed by the PREA Coordinator, said data is provided to the DOJ no later than June 30th of each year.</p> <p>Reasoning & Findings Statement:</p> <p>This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on at least an annual basis. That data is then aggregated and made available for public review. The TCC has complied with the timely collection of said data and is subsequently furnishing it to appropriate entities as requested. Hence, the TCC has met all provisional requirements and is in compliance with this standard.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Annual Report, 2021 · MDOC Website, PREA Reports · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · TCC Coordinated Response to Offender Sexual Abuse, 3-5-21 · TCC PREA Annual Report, 2022 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency Head · Agency PREA Coordinator

- TCC PREA Site Coordinator

- TCC Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (D1-8.13) requires the MDOC to review the aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, response, and training policies. Specifically, the MDOC uses this information to identify problem areas, take corrective action on an ongoing basis, and prepare an annual report of its findings from the data review, as well as any corrective actions for each facility, along with the agency as a whole. The PREA Coordinator confirmed adherence to this process. As well, MDOC Annual PREA Reports (2022, 2021, 2020) do reflect the intelligent use of said data.

(B) Policy (D1-8.13) requires that annual statistical reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the MDOC's progress in addressing sexual misconduct. The PREA Coordinator confirms adherence to this policy. As well, MDOC Annual PREA Reports (2022, 2021, 2020) do reflect the intelligent use of said data.

(C) Policy (D1-8.13) requires that upon completion of each year's Annual PREA Report, the report shall be approved by the Commissioner of Correction and posted on the agency's web page. A review of the MDOC website <https://doc.mo.gov/programs/PREA> indicates that upon approval from the agency director, the report is then made available to the public. The PREA Coordinator confirms adherence to this policy.

(D) Per the PREA Coordinator and the TCC PREA Site Coordinator, personal identifiers are not used in producing either the agency or facility-based annual PREA reports. As such, there isn't a need to redact any information from said reports before making publicly available.

	<p>Reasoning & Findings Statement:</p> <p>This standard works to determine if agency, and by extension, facility-based staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency wide PREA Coordinator, TCC PREA Site Coordinator, and the TCC Warden, the manner in which each person utilizes the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the TCC has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19 · MDOC PREA Annual Report, 2021 · MDOC Website, PREA Reports · MDOC Retention Schedule · MDOC Memo, Investigative Report Intelligence System [IRIS] · TCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, 9-23-22 · TCC Coordinated Response to Offender Sexual Abuse, 3-5-21 · TCC PREA Annual Report, 2022 <p>Interviews:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · TCC PREA Site Coordinator · TCC Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Per the Agency PREA Coordinator, all electronic retention files once PREA cases are complete are security maintained in the electronic retention files. Per the PREA Coordinator and the TCC PREA Site Coordinator, adherence to this policy is strictly enforced. A review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(B) Per policy (D1-8.13), aggregated sexual abuse data will be made available to the federal government as required. "The department's annual PREA report shall be made available to the public on the department's internet website" (D1-8.13). Per the PREA Coordinator, adherence to this policy is strictly enforced. Per the PREA Coordinator, all annual aggregated reports previously published pursuant to §115.87 are readily available to the public through the MDOC website.

(C) Per the PREA Coordinator, all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the agency's website.

(D) Policy (D1-8.13) requires that the agency maintain sexual abuse data collected pursuant to §115.87 "for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer." The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the MDOC website.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the

	presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is apparent that both the MDOC PREA Coordinator, as well as the administration of the TCC, operate with transparency in government in accordance to state statute and federal law. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieved overall compliance.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none">· D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19· TCC Posted Auditor Notice (English)· TCC Posted Auditor Notice (Spanish) Interviews: <ul style="list-style-type: none">· Agency PREA Coordinator· TCC PREA Site Coordinator· TCC Facility Warden· Random/Targeted Staff· Random/Targeted Inmates Site Review Observations: <ul style="list-style-type: none">· On-site inspection of the entire TCC· Review of documentation available via onsite inspection Standard Subsections:

	<p>(A) As evidenced by presence of facility audits on the MDOC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all MDOC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.</p> <p>(B) This is Audit Year One of Cycle Four.</p> <p>(H) The auditor had full access to all areas of the facility.</p> <p>(A) All documents requested by the auditor were received in a timely manner.</p> <p>(A) The auditor was permitted to conduct private interviews with inmates.</p> <p>(B) Inmates were permitted to correspond with the auditor using privileged mail processes.</p> <p>Reasoning & Findings Statement:</p> <p>Both the MDOC PREA Coordinator and the TCC PREA Site Coordinator were fully prepared for this review. The auditor was provided the PAQ in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Facility staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the TCC. Accordingly, TCC has exceeded the provisions of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

- D1-8.13, Offender Sexual Abuse and Harassment, 6-14-19
- TCC Posted Auditor Notice (English)
- TCC Posted Auditor Notice (Spanish)

Interviews:

- Agency PREA Coordinator

Site Review Observations:

- Review of documentation available via the MDOC PREA website
- On-site inspection of TCC

Standard Subsections:

(F) A review of the agency website reflects that the MDOC has published all final audit reports for prior audits completed during the last three years preceding this audit as they were made available to the agency. The PREA Coordinator affirms that all facilities within the MDOC have been audited in accordance to schedule and their reports subsequently published on the agency's website as they were made available to the agency.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the MDOC does have an agency website and has made all facility PREA reports accessible by the public as they were made available to the agency.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>

PREA Facility Audit Report: Final

Name of Facility: Farmington Community Supervision Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/16/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Matthew Taylor	Date of Signature: 07/16/ 2023

AUDITOR INFORMATION	
Auditor name:	Taylor, Matthew
Email:	mtaylor@azadc.gov
Start Date of On-Site Audit:	06/15/2023
End Date of On-Site Audit:	06/16/2023

FACILITY INFORMATION	
Facility name:	Farmington Community Supervision Center
Facility physical address:	1430 Doubet Road, Farmington, Missouri - 63640
Facility mailing address:	

Primary Contact	
Name:	Jonathan Miller
Email Address:	Jonathon.Miller@doc.mo.gov
Telephone Number:	5737057277

Facility Director	
Name:	Christina McCarthy
Email Address:	Christina.McCarthy@doc.mo.gov
Telephone Number:	573-705-7281

Facility PREA Compliance Manager	
Name:	Jonathon Miller
Email Address:	Jonathon.Miller@doc.mo.gov
Telephone Number:	O: 572-218-5006

Facility Characteristics	
Designed facility capacity:	46
Current population of facility:	30
Average daily population for the past 12 months:	31
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the	54

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

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Agency-Wide PREA Coordinator Information			
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Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-15
2. End date of the onsite portion of the audit:	2023-06-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor sent an email to Just Detention International (JDI) to request any information they had related to this facility. JDI responded to my request and indicated they had no information related to the relevant conditions of the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	46
15. Average daily population for the past 12 months:	31
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	32
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	11
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	6
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	52
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	6

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility had a very limited population available for interviews during the onsite portion of the audit. The auditor worked directly with facility staff to identify residents available at the facility to interview based on age, race, ethnicity, length of stay in the facility and housing assignment. The auditor was able to get a good cross-section of the residents available to interview.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="checked" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.</p>
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>2</p>
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>1</p>
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.</p>

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.

66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor worked directly with facility staff to review documentation of current resident population. The auditor confirmed this category was not available to interview during the onsite portion of the audit. Further confirmation was obtained from interviews with staff, residents and direct observation.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☐ Medical staff
- ☐ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

a. Explain why you were unable to review any sexual abuse investigation files:

The facility reported they have not had any sexual abuse investigations within the last 12 months proceeding the audit. This information was also confirmed through the PREA Coordinator.

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility reported they have not had any sexual harassment investigations within the last 12 months proceeding the audit. This information was also confirmed through the PREA Coordinator.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- ☐ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☒ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Department policy D1-8.13 outlines the agency's zero tolerance towards all forms of sexual abuse and sexual harassment for all facilities it directly operates. Policy D1-8.13 outlines how the agency implements its approach to preventing, detecting and responding to incidents of sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the sanctions for those who are found to have participated in prohibited behaviors. The policy includes a comprehensive description of the strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>The Missouri Department of Corrections employs an upper-level agency-wide PREA coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA coordinator falls under the agency's Office of the Director and Office of Professional Standards. A review of the agency's organizational chart illustrated this hierarchy. An interview with the agency PREA Coordinator Darren Snellen also confirmed his</p>

	<p>position and authority. Mr. Snellen also stated “I am in regular contact with PREA site coordinators providing them guidance and training. Each year I conduct mock audits of the facilities that are going to be audited and provide them with guidance and feedback. Additionally, each year we provide the site coordinators with a day training in regards to being compliant with PREA standard, our policies and procedures. Anytime an issue is brought to light during an investigation I contact the warden and site coordinator to address and correct the issue.”</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Missouri Department of Corrections does not currently enter into contracts for the confinement of residents in their facilities. This information was not properly entered into the facility PAQ when submitted but the auditor later confirmed with facility leadership that they do not currently enter into contracts for the confinement or residents in the facility.</p> <p>The auditor interviewed the agency contract administrator who indicated for any new contract, the contractor must provide a copy of the most recent PREA audit demonstrating compliance before placing clients in the facility. The contract administrator confirmed that an audit was completed for the facility within the last 3 years.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The facility has developed and documented its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. The facility provided a copy of the facility staffing plan which outlined all three shifts’ normal staffing patterns and numbers as well as a critical staffing chart. The facility</p>

	<p>indicated in the PAQ the average number of daily residents of which the staffing plan was predicated was 46.</p> <p>During the site review process the auditor actively observed the number of staff and volunteers that were visually present. All areas of the facility were observed by the auditor which included the single resident housing unit, segregation areas, education and programming locations. The auditor carefully observed staff line of sight and any potential blind spots throughout the facility. During the site review, video monitoring was carefully observed and reviewed to determine if the use of the technology augmented and supported staff supervision. During the site review the auditor had informal conversations with staff regarding supervision practices. Informal conversations were also conducted with residents at the facility regarding staffing presence and how staffing impacts access to programming, education and daily activities.</p> <p>The facility reported through the PAQ there have not been any deviations to the staffing plan within the last 12 months. However, it was reported that if there were deviations to the staffing plan, they would be documented. This information was also confirmed during the interview with the facility administrator.</p> <p>A PREA 2022 was provided by the facility. This evaluation illustrated that at least once every year the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan, the deployment of monitoring technology and allocation of resources to commit to the staffing plan to ensure compliance with the plan. An interview with the agency PREA coordinator also substantiated his involvement with the staffing plan evaluation at the facility.</p> <p>The auditor interviewed the agency Director who stated “we consider and evaluate how the facility is designed to maximize the agency’s ability to protect residents. When installing or updating video monitoring systems we consider how those systems will enhance the facilities ability to protect residents from sexual abuse, focusing on blind spots.”</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility reported through the PAQ that they do not conduct cross-gender strip or cross-gender visual body cavity searches of residents. Policy P4-4.13 and D1-8.13 restricts cross-gender strip or cross-gender visual body cavity searches except in

exigent circumstances. The facility also reported in the PAQ in the past 12 months they have conducted zero cross-gender strip or cross-gender visual body cavity searches of residents.

During the site review process, the auditor visually observed areas within the facility where staff conducted strip searches of residents. The auditor observed designated strip search areas allowed for privacy either through barriers or privacy screens to prevent potential cross-gender viewing. The auditor also had informal conversations with random security staff who indicated staff of the opposite gender do not conduct these types of searches.

The facility reported through the PAQ that no female residents are housed at the facility. The auditor confirmed this information through resident rosters, staff conversations and direct observation.

Policy D1-8.13 requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

Policies D1-8.13 and P4-4.13 illustrate the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

During the site review process, the auditor observed the single housing unit at the facility and areas where residents would have opportunity to shower, use the toilet, or change their clothes. Video monitoring technology was reviewed by the auditor and no camera footage observed indicated residents could be seen in a state of undress, using the shower or toilet by staff of the opposite gender. The auditor observed the facility has implemented verbal announcement over loudspeakers in the housing unit when female staff are working on post in housing unit. Additionally, the facility has a visual sign that is hung in conspicuous areas of the housing unit, alerting residents of female staff presence.

The auditor conducted interviews with random staff throughout the facility.

Overwhelmingly staff indicated female staff regularly announce their presence prior to entering a housing unit. Staff also indicated they felt residents had the ability to shower and use the restroom without female staff seeing them in a state of undress.

Interviews were also conducted with random residents throughout the facility.

Overwhelmingly residents felt they had privacy when showering and using the restroom because female staff almost never entered the bathroom areas when residents were utilizing them.

Policy D1-8.13 prohibits staff from searching or physically examining a transgender or intersex residents for the sole purpose of determining the resident's genital status. The facility reported in the PAQ that have not conducted any such searches

	<p>in the last 12 months.</p> <p>The auditor conducted interviews of random staff throughout the facility. All staff interviewed indicated they would ever search a transgender or intersex residents solely for the purpose of determining the residents' genital status. The auditor was unable to interview transgender residents at the facility because there were none at the facility during the onsite portion of the audit.</p> <p>Policy D1-8.13, training logs and Divisional Searches Training Plan were provided by the facility outlining training specific to searches of transgender and intersex residents in a professional and respectful manner. The PAQ indicated that 100 percent of security staff have completed the required training.</p> <p>The auditor conducted interviews with random staff throughout the facility. All security staff indicated they had received training on how to conduct professional and respectful searches of transgender and intersex residents.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Department policy D1-8.13 illustrates the facility's established procedures to provide disabled residents equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provided their current contracts for on demand interpretation services which included sign language. The facility also has established procedures for residents that are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The two most common languages spoken at the facility are English and Spanish. The facility provided posters and brochures that are placed in conspicuous locations throughout the facility to assist inmates that are disabled and are limited English proficient.</p> <p>During the site review the auditor made observations in the single housing unit and tested the availability of services provided by telephone. The auditor was able to test these services in English and Spanish. The auditor observed in the housing unit that written information was readily available in obvious and conspicuous locations where residents reside and congregate. All material observed was provided in both English and Spanish.</p>

	<p>Interviews were conducted with the agency Director who stated “the department assigns offenders based on their needs. Offenders with a disability would be assigned to an institution that is set up to accommodate them.” He reported that residents have a process of submitting ADA accommodations as well. He reported that facilities have signs and materials in other languages to assist those who are limited English proficient.</p> <p>The auditor interviewed a disabled resident at the facility who reported they received PREA educational materials in a way they could understand.</p> <p>Policy D1-8.13 prohibits the use of resident interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first responder duties under 115.264, or the investigation of the resident’s allegations. The facility reported that they have not had any instances where resident interpreters were utilized.</p> <p>Interviews with random staff and residents with disabilities were conducted. Interviews supported the facility’s adherence to established policy and procedures. The facility did not have any residents at the facility that were considered limited English proficient at the time of the onsite portion of the audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 outlines the prohibition from hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>The auditor conducted file reviews of staff and volunteers at the facility substantiating these requirements.</p> <p>Agency policy D1-8.13 requires consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any</p>

contractor, who may have contact with residents.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

Agency policy D1-8.13 requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility reported during the last 12 months, they hired 11 persons who may have contact with residents all of whom have had criminal background checks.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

The auditor conducted file reviews of staff and volunteers at the facility substantiating these requirements.

Agency policy D2-2.2 requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The facility reported that in the last 12 months they have entered into 0 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.

Agency policy D2-11.14 requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. It was noted by the auditor that agency policy actually requires background checks on all employees, contractors and volunteers every year on the person's birth month.

The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.

The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.

Agency policy D2-2.22 requires that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to information provided by the facility in the PAQ, they have not acquired a new facility or made a substantial expansion or modification to the existing facilities since August 20, 2012, or since the last PREA audit.</p> <p>The auditor conducted interviews with the agency Director and facility administrator that confirmed the information provided in the PAQ.</p> <p>According to information provided by the facility in the PAQ, facility has installed and updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p>The auditor conducted an interview with the agency Director who indicated the department uses video monitoring to target secluded or blind areas where offenders may become victimized. The video cameras do not ever take the place of direct supervision but supplements supervision of residents to ensure safety and security of residents and staff. Interview with the facility administrator confirmed the information provided in the PAQ.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on information provided by the facility in the PAQ, the facility is responsible for conducting administrative sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct. In the PAQ the facility reported they were responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). In the PAQ they reported when they conduct sexual abuse investigations, the agency investigators follow a uniform evidence protocol. Policy D1-8.8 outlines the agency's uniform evidence protocol. The facility coordinated response protocol also outlines procedures that staff are required to follow when an incident of sexual abuse occurs.</p> <p>The auditor interviewed multiple random staff working throughout the facility to assess staff knowledge of the required technical detail to aid responders in</p>

obtaining usable physical evidence. Staff reported with ease their responsibilities related to the facility's coordinated response protocols and obtaining and preserving physical evidence.

Information provided in the PAQ indicated that youth were not housed at the facility. However, the protocol established by the agency is appropriate for youth.

Information provided in the PAQ indicated the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Information provided in the PAQ indicated the facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility as no medical staff work inside the facility. The facility indicated that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility also indicated they document efforts to provide SANEs or SAFEs. This information was evidenced by the provided SANE Hospital listing and the Department's Coordinated Response Plan.

The PAQ indicated the facility conducted zero forensic medical exams during the past 12 months, zero exams were performed by SANEs/SAFEs during the past 12 months and zero exams performed by a qualified medical practitioner during the past 12 months.

Information provided in the PAQ indicated the facility has an MOU with Southeast Missouri Family Violence Council is contracted with Delta Area Economic Opportunity Corporation to make available to the victim a victim advocate from a rape crisis center.

The auditor conducted interviews with the PREA Coordinator who confirmed compliance with the requirements of this standard and provisions. He stated "each site coordinator is responsible for contacting their local advocacy program to obtain an MOU or agreement to provide services. If the agency refuses to provide services, they are to obtain a written memo stating such. At that time, we train chaplains and other volunteers to act as advocates in the facilities."

The auditor was unable to interview any residents at the facility that reported sexual abuse because there were no residents at the facility that reported sexual abuse during the onsite portion of the audit.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). The facility reported that in the last 12 months there have been zero allegations of sexual abuse and sexual harassment. The facility reported through the PAQ there were zero allegations resulting in an administrative investigation. There were zero allegations referred for criminal investigation.</p> <p>The auditor interviewed the Director of the agency that confirmed the facility conducts criminal and administrative investigations related to sexual abuse and sexual harassment.</p> <p>Policy D1-8.13 require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Information in the PAQ indicated the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.</p> <p>The auditor reviewed the agency external website which confirmed the investigation policy is available to the public.</p> <p>The auditor interviewed investigative staff who confirmed there was a policy in place as required in this provision.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 and provided training plan illustrate that the agency trains all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of</p>

	<p>sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PAQ and policy indicated that training is tailored to the gender of the residents at the facility and employees who are reassigned from facilities housing the opposite gender are given additional training. Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. Employees receive refresher training every two years. Between trainings employees are provided additional refresher training between the required two year training periods. The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>The auditor interviewed a random sampling of staff throughout the facility, all of which indicated they had been fully trained on PREA and their responsibilities as employees of the Department and confirmed the frequency of training.</p> <p>The auditor reviewed employee training records which illustrated the agency's compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The training module "Volunteers in Corrections Training" illustrated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The PAQ indicated there were a total of 5 volunteers and contractors (who may have contact with residents) who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility reported the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ indicated</p>

	<p>the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The auditor interviewed a volunteer at the facility, who confirmed they had received PREA training from the agency. The volunteer also articulated a basic understanding of a coordinated response plan in the event they had a resident report and incident of sexual abuse or sexual harassment to them. There were no contract staff that work at the facility during the onsite portion of the audit.</p> <p>The auditor reviewed volunteer training records which illustrated compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy D1-8.13 dictates that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Policy also requires that residents who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. Resident PREA education handouts, flyers and brochures illustrate compliance with this standard. The PAQ indicated there were 120 residents admitted during the past 12 months all of which were given PREA educational material. The facility reported there was one resident transferred from a different community confinement facility during the past 12 months. The facility also reported that this transferred resident was given required PREA refresher training upon entering the facility.</p> <p>The auditor interviewed intake staff at the facility who confirmed they provided all required PREA information to residents during the intake process. The auditor also interviewed a random sampling of residents throughout the facility. All residents reported receiving PREA information during intake and within 72 hours of entering the facility.</p> <p>The auditor spot checked resident records during the course of the audit illustrating residents received PREA related training and educational materials during the intake process or within 72 hours of intake. Residents also signed an acknowledgment</p>

	<p>form indicating they received the aforementioned training.</p> <p>During the site review process, the auditor was unable to observe an actual intake because there were no new residents entering the facility. The auditor did have a formal interview with a security and intake staff member who fully explained the intake process. Informational material was provided to residents via literature, which was available in both English and Spanish formats. Staff explained they speak with residents directly to ascertain if there are individuals that need additional assistance based on limited English proficiency or who were disabled, deaf, who were blind or have low vision and those that may have a cognitive disability. The auditor visually observed all areas of the facility and noted that signage was readily available throughout the facility, visually easy to read, clearly indicated what services were available to residents and available in English and Spanish formats.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy D1-8.13 requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Investigators also receive specialized training that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility PAQ also provided the training modules illustrating the training provided to its investigators. The facility reported there are a total of 10 investigators that have completed the required training. The facility also provided certificates of completion for the investigators who have completed the course, "Investigating sexual abuse in confinement settings."</p> <p>The auditor interviewed investigative staff from OPS who confirmed they had received the required training.</p> <p>The auditor reviewed training records of investigators which further confirmed the completion the required training.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information in the facility PAQ reported that medical and mental health staff do not work regularly in this facility.</p> <p>Information provided in the PAQ was confirmed through interviews with facility administration and through the auditor's direct observations while onsite. Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. This policy also requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Policy also requires the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Finally, policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability. The facility reported in the PAQ there were a total of 119 residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. In the PAQ the facility provided a copy of their "Risk of Victimization and Abusiveness Screening Tool." The risk screening tool minimally considers 1) Whether the resident has a mental, physical, or developmental disability; 2) The age of the resident; 3) The physical build of the resident; 4) Whether the resident has</p>

previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; (9) The resident's own perception of vulnerability; and (10) Whether the resident is detained solely for civil immigration purposes.

During the site review process, the auditor confirmed who was responsible for conducting the risk screening of residents at the facility. The auditor was unable to sit through an actual risk screening of a resident at the facility because there were no intakes during the onsite portion of the audit. The auditor did have an intake screening staff member explain the entire risk screening process as if conducting a mock screening. The auditor confirmed the screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. The auditor assessed whether screening staff ask screening questions in a manner that fosters comfort and elicits responses. The auditor also tested the method for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility, including whether:

- Screening staff use an instrument to collect information during the risk screening process.
- Screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).
- Screening staff use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment.
- Completion of the risk screening instrument returns a subsequent "score" or determination of risk of being sexually abused or being sexually abusive.

During the site review process, the auditor observed the safeguards the facility had in place to protect sensitive information related the risk screening process.

Sensitive information was only accessed by approved staff and were either locked in filing cabinets or electronic access which was password protected for authorized staff.

The auditor interviewed staff responsible for the risk screening process who confirmed risk screening takes place within 72 hours of arrival at the facility. This individual reported the intake and risk screening process is started immediately upon intake. They confirmed that residents were never disciplined for refusing to answer questions related to the risk screening.

The auditor also interviewed random residents throughout the facility who all confirmed they had received the risk screening upon entering the facility.

The auditor interviewed the agency PREA coordinator who indicated case managers in the facilities conduct the risk assessment of residents. The case manager supervisor is authorized to have access. He indicated outside of investigations, no

	<p>one else has access to actual risk assessment questions and answers.</p> <p>The auditor spot-checked residents' records at the facility which indicated residents were screened within 72 hours of their intake and that residents were reassessed for their risk of victimization or of being sexually abusive within 30 days after their arrival based upon any additional, relevant information received since intake.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies D1-8.13 and P4-4.24 address how the facility makes individualized determinations about how to ensure the safety of each resident. It also dictates how the facility in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The facility provided examples of risk screening information and how they use the information to make housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The auditor interviewed the PREA Coordinator and staff responsible for risk screening at the facility that confirmed adherence to individualized determinations for residents in the facility and agency wide. The PREA coordinator explained the various policies the agency has in place related to housing assignments of transgender and intersex residents. The PREA coordinator confirmed there are no dedicated housing units for the placement of transgender/intersex/gay/bisexual residents. He also confirmed placement and programming assignments for each transgender or intersex resident are reassessed at least twice each year to review any threats to safety experienced by the resident.</p> <p>The auditor was unable to interview any transgender or intersex residents at the facility because there were none currently housed in the facility during the onsite portion of the audit. The auditor confirmed this with facility leadership and through direct observation and conversations with residents.</p> <p>The auditor spot-checked how risk-based housing unit decisions were made and how residents were placed in the facility based on their risk assessment.</p> <p>During the site review process the auditor observed showers in housing units with</p>

	<p>doors that enabled transgender and intersex residents to shower separately from other residents.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 addresses the multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This policy also mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Policies D1-8.13 and D1-8.9 address a method for staff to privately report sexual abuse and sexual harassment of residents. The provided employee handbook confirms that staff are immediately required to document verbal reports. The facility also provided a copy of the Farmington CSC resident handbook outlining the various reporting methods that are available to all residents. The PAQ included an MOU with the Missouri Department of Safety which provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>During the site review process the auditor actively observed all posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage observed included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Signage was provided in both English and Spanish the other most commonly spoken language at the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The auditor observed the information on the signage was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone numbers. The auditor observed signage on how to report sexual abuse and sexual harassment both internal and external reporting methods. The auditor also observed the generalized locations of resident mailboxes and receptacles placed throughout the facility where all residents had access. Mailboxes were secured with locking mechanisms and only authorized staff at the facility has access to these boxes, which were never handled by other residents. The auditor successfully tested external reporting by phone which was easy to use. Residents were not required to enter any personally identifiable information in order to use the</p>

	<p>hotline. The auditor also noted that residents at the facility have access to their own mobile phones at the facility. The ability for residents to make calls at their discretion further enhances and facilitates reporting.</p> <p>The auditor interviewed random staff throughout the facility who were overwhelmingly aware of how to confidentially report incidents of sexual abuse and sexual harassment that was outside of their immediate chain-of-command or administration. Staff reported the Crime Tips hotline was a method of reporting incidents that was outside of their local chain-of-command. Staff were aware they were required to promptly report all reports given to them verbally, in writing, anonymously, and from third parties. The auditor also interviewed random residents at the facility who were aware of reporting mechanisms for incidents of sexual abuse and sexual harassment.</p> <p>The auditor interviewed the PREA coordinator. The coordinator stated residents have the ability to report incidents of sexual abuse and sexual harassment to the Department of Public Safety, who they have an MOU with. He stated this mail is handled like legal mail and they even provide the postage to the residents free of charge. He also explained that calls placed to the PREA hotline are anonymous.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies D5-3.2 and P7-1.7 illustrate the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. This same policies allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Residents are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The policies allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policies illustrate a resident grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint. The agency's policies require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Policies allows third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of</p>

	<p>residents. If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. Agency policies have established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Agency policies dictate residents may be disciplined for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. The facility PAQ reported there were zero grievances filed within the last 12 months alleging sexual abuse. The PAQ also indicated there were a total of zero emergency grievances alleging substantial risk of imminent sexual abuse filed within the last 12 months. The PAQ indicated there were zero grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith within the last 12 months.</p> <p>The auditor was unable to interview residents at the facility that reported sexual abuse because there were none available during the onsite portion of the audit. The information was substantiated by facility documentation, conversations with residents and staff and direct observation.</p> <p>During the site review portion of the audit, the auditor visually observed the facility's third-party reporting mechanism documentation. This information was available to family members, friends, advocates, and attorney at the entrance of the facility and waiting area. The auditor tested the third-party reporting through the agency website. The PREA coordinator obtained the email and responded within a reasonable period of time.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Agency policy D1-8.13 provides direction on how the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility PAQ indicated and provided an MOU they currently have with Southeast Missouri Family Violence Council for advocacy services provided at the facility.</p> <p>The facility provided both English and Spanish versions of PREA information posters outlining emotional support services are provided in writing or by phone to Just Detention International, RAINN and Southeast Missouri Family Violence Council by mail or telephone at no charge.</p> <p>During the site review process the auditor observed signage specific to emotional support services that clearly details the services and how to make contact with ongoing emotional support. Residents have the ability to contact these agencies by a facility provided phone or could use their own personal mobile phones. The auditor's assessment of this process was that it was easy to operate, residents understood how to make contact with these outside agencies, they could do so without financial cost and there was reasonable access for those residents considered limited English proficient and disabled. The auditor also reviewed the process for sending and receiving mail at the facility. A mail drop box was observed in a general location in the facility that remained locked at all times and could only be opened by authorized staff. This drop box could be used to send mail or letter or note in passing. All residents at the facility had equal and easy access to the mail drop box.</p> <p>The auditor was unable to interview residents that reported sexual abuse at the facility because there were none at the facility during the onsite portion of the audit. The auditor confirmed this through facility documentation, interviews with staff and residents and direct observation.</p> <p>The auditor interviewed random residents throughout the facility who reported they had access to outside ongoing emotional support through literature they see posted throughout the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The facility PAQ illustrated multiple methods to receive third-party reports of sexual abuse and sexual harassment and how they distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The auditor reviewed the external agency website which provided a telephone number, the ability to write directly to the PREA Unit for the Missouri Department of Corrections and the ability to email directly to the Missouri Department of Corrections.</p> <p>During the site review process the auditor observed clear and obvious signage related to third-party reporting throughout the facility including public areas which can be accessed by family members, friends, advocates and attorneys.</p> <p>The auditor chose to test the third-party reporting email reporting mechanism during the audit process. The auditor was able to clearly and easily submit an email test complaint which the facility promptly responded to.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy D1-8.13 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also contains language indicating apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The facility also provided an excerpt from Missouri Revised Statutes related to mandatory reporting responsibilities further illustrating this requirement.</p> <p>During the site review process the auditor observed how the facility processed all types of methods of reporting for staff, volunteers and contractors. Reporting methods were available on demand and to all staff/supervisory staff at the facility.</p> <p>The auditor interviewed random staff throughout the facility who all reported their duty to report all instances of sexual abuse and sexual harassment immediately. The duty to report was also a requirement for instances of retaliation for individuals</p>

	<p>who reported or witnessed instances of sexual abuse or harassment.</p> <p>The auditor was unable to interview medical and mental health staff at the facility because there are none assigned to work at the facility.</p> <p>The auditor interviewed the facility administrator and Agency PREA Coordinator who confirmed that if an alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Interviews also confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the facility's designated investigators.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policies P4-4.5 and D1-8.13 dictate when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The facility PAQ reported during the last 12 months there were zero instances when the agency determined a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>The auditor interviewed the agency Director, facility administrator and a sampling of random staff throughout the facility all of which indicated that immediate action is taken to protect a resident the facility learns is at risk of imminent sexual abuse and articulated part of the agency coordinated response plan.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>Agency policy D1-8.13 dictates that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This agency policy also requires that notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The policy requires the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The facility PAQ indicated that over the past 12 months they have received zero allegations that a resident was abused while confined at another agency. The PAQ reported they document they provide such notifications within 72 hours of receiving these allegations. The PAQ indicated over the past 12 months there have been zero allegations of sexual abuse the facility received from other facilities. The facility did provide old examples of notifications provided to outside agencies for the purposes of illustrating their compliance.</p> <p>The auditor interviewed the agency Director and facility administrator who both confirmed the agency response to allegations of sexual abuse and sexual harassment received from outside agencies and for allegations made inside a facility that occurred at another facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 provides clear guidance that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. This policy also requires if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ reported there were zero allegations of resident sexual abuse reported at the</p>

	<p>facility. The PAQ indicated there have been zero instances where an allegation of sexual abuse occurred and the first responder was not security staff.</p> <p>The auditor interviewed both random security staff and non-security staff first responders who confirmed their immediate steps to protect residents and collect evidence without destruction.</p> <p>The auditor was unable to interview any residents who reported sexual abuse at the facility because there were none at the facility during the onsite portion of the audit. This information was confirmed through facility documentation, interviews with staff and residents and direct observation.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ indicated they have a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership (Coordinated Response Plan).</p> <p>The auditor interviewed the facility administrator who confirmed the existence of a facility coordinated response plan.</p> <p>The auditor reviewed the facility coordinated response plan and determined that it meets all the requirements under standard 115.265.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy D2-11.6, the provided collective bargaining memo and Labor

	<p>agreement between the State of Missouri Department of Corrections Board of Probation and Parole Probation and Parole Assistants Bargaining Unit illustrated that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation of, or a determination of whether and to what extent discipline is warranted.</p> <p>The auditor interviewed the agency Director who confirmed any agreements entered into permit the agency from removing alleged staff sexual abusers from contact with any resident pending an investigation or a determination of whether and to what extent to discipline.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 establishes a process to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. This policy requires that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated the facility designates a specific staff member with monitoring possible retaliation. The PAQ indicated there were zero instances of retaliation that occurred in the past 12 months.</p> <p>The auditor interviewed the agency Director who reported retaliation monitoring on all victims, witnesses, and reporting parties. He also explained the retaliation monitoring process and how long monitoring takes place.</p> <p>The auditor interviewed the facility administrator who reported she would review what policy and procedure dictates first and knew that retaliation monitoring can go</p>

	<p>all the way to 90 days or more if necessary.</p> <p>The auditor interviewed and staff member charged with monitoring retaliation. The person responsible for monitoring retaliation at the facility is the PREA compliance manger. They reported they monitor housing changes, transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>The auditor was unable to interview residents that reported sexual abuse at the facility because there were none during the onsite portion of the audit. This information was confirmed through documentation, interviews with staff and residents and direct observation.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency and facility document all criminal investigations in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.</p> <p>The PAQ indicated that all substantiated allegations of conduct that appear to be criminal are referred for prosecution. The PAQ reported there were zero allegations at the facility that were referred for criminal prosecution since the last PREA audit.</p> <p>The facility provided their retention schedule regarding criminal and administrative investigations related to sexual abuse.</p> <p>The auditor interviewed investigative staff who confirmed that all investigations are handled promptly and professionally regardless of how the information is received, including third-party reports. The investigator confirmed investigators received specialized training regarding investigating sexual abuse in confinement settings.</p> <p>The investigator stated if a staff member left the agency prior to the completion of the investigation, they would continue the investigation and if criminal in nature they would submit a "PC statement" for prosecutorial review.</p> <p>The auditor interview the facility administrator, PREA coordinator and investigative staff who all indicated they would cooperate with outside investigators and that the</p>

	<p>point of contact would be the PREA coordinator for communicating information for both agencies.</p> <p>The auditor was unable to interview residents that reported sexual abuse at the facility because there were none available at the time of the onsite portion of the audit. This information was confirmed through facility documentation, interviews with staff and residents and direct observation.</p> <p>The auditor was unable to review investigative files at the facility during the onsite portion of the audit. The facility did not have any investigative files to share with the auditor because of the infrequency of sexual abuse and sexual harassment allegations that occur at such a small facility. The auditor decided to use agency wide investigations from other facilities operated under the Missouri Department of Corrections to triangulate the agency-wide handling of sexual abuse and sexual harassment investigations. The auditor observed investigations, for the most part, that were conducted promptly, thoroughly and objectively. Investigative files reviewed also illustrated that investigators gathered and preserved direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewed alleged victims, suspected perpetrators, and witnesses; and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigative files reviewed indicated that when the quality of evidence appeared to support criminal prosecution, the agency conducted compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p>During the site review process the auditor observed physical storage areas where investigative files would be stored. This information was under lock and key and only those individuals authorized to use the information had access. Any electronic means of storage was password protected.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 outlines that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The auditor interviewed investigative staff during the audit who confirmed the</p>

	<p>preponderance of evidence standard requirement.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 requires that following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The policy also requires that following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy additionally requires that following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The policy requires that all such notifications or attempted notifications are documented. The facility PAQ reported there were zero cases of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. The facility did provide examples of resident notifications to illustrate how the facility would handle this requirement if it occurred.</p> <p>The auditor interviewed the facility administrator and investigative staff, both of which confirmed that residents are always advised of the outcomes of investigations. There were no residents at the facility who reported sexual abuse at the facility during the onsite portion of the audit. This information was confirmed through facility documentation, conversations with staff and residents and direct observation.</p> <p>The facility did not have any investigative files to share with the auditor because of the infrequency of sexual abuse and sexual harassment allegations that occur at such a small facility. The auditor decided to use agency wide investigations from other facilities operated under the Missouri Department of Corrections to triangulate</p>

	<p>the agency-wide handling of sexual abuse and sexual harassment investigations and the reporting of outcomes to residents.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policies D2-11.10 and D1-8.13 dictate that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy D2-11.10 outlines the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This policy also dictates that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>The PAQ indicated there were zero staff cases in the last 12 months that resulted in termination for violating agency sexual abuse or sexual harassment policies. The PAQ indicated in the past 12 months there was zero staff members from the facility that had been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 dictates that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law</p>

	<p>enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated there had been zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents. The PAQ indicated the facility takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The auditor interviewed the facility administrator who stated she immediately remove the contractor or volunteer from the facility and they would be banned.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 indicate that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Policy D1-8.13 dictates that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This policy also prohibits all sexual activity between residents and may discipline residents for such activity. The PAQ reported that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The facility indicated there have been zero cases of administrative or criminal findings of resident-on-resident sexual abuse at the facility in the last 12 months.</p> <p>The auditor interviewed the facility administrator who confirmed the disciplinary process for residents accused of resident-on-resident abuse. She stated they take into account the severity of the incident, if they have been involved in similar incidents, the individual's mental capacity and prior disciplinary.</p> <p>The auditor was unable to interview medical and mental health staff at the facility because they do not regularly have these types of staff working at the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is</p>

	substantially compliant with this standard and all of its provisions.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility PAQ indicated there are no medical or mental health care practitioners that work at the facility.</p> <p>This was confirmed by the auditor through direct observation. The facility provided a memo indicating medical care is given to residents at BJC Parkland Hospital and/or from Southeast Missouri Family Violence Council. The PAQ indicated security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. The PAQ indicated resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Agency policy D1-8.13 dictates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The auditor interviewed security staff at the facility and they were overwhelmingly able to convey what was essentially part of their coordinated response plan when a sexual abuse incident occurs.</p> <p>The auditor was unable to interview residents that reported sexual abuse because there were no at the facility during the onsite portion of the audit. This information was confirmed through staff and resident interviews.</p> <p>The auditor was unable to review documentation of immediate notifications to medical and mental health practitioners because the facility has not had any sexual abuse incidents within the last 12 months.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims
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	and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy D1-8.13 dictates facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The policy requires that all resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and treatment services are provided without financial cost to the resident. The policy also dictates that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The auditor was unable to interview medical or mental health staff at the facility because there are none that regularly work at the facility. The auditor was able to confirm this through direct observation during the onsite portion of the audit. The auditor was not able to interview residents that reported sexual abuse because the facility reported there were no residents at the facility during the onsite portion of the audit. The auditor was able to confirm this information through formal and informal conversations with residents and direct observation.</p> <p>During the site review process the auditor confirmed through direct observation and records provided that it was a male facility.</p> <p>The auditor was unable to review secondary documentation at the facility because medical and mental health services are not provided directly at the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-813 requires that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The policy requires the sexual abuse incident review team to consist of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The policy requires sexual abuse incident reviews ordinarily occur within 30 days of the conclusion of an</p>

	<p>investigation. The facility reported they have had zero investigations in the last 12 month that alleged sexual abuse. The PAQ indicated the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>The auditor was unable to review examples of completed sexual abuse incident reviews during the onsite portion of the audit because they have not had any investigations of sexual abuse reported in the last 12 months.</p> <p>The auditor interviewed the facility administrator who confirmed the existence of a sexual abuse incident review team that included all required upper-level management officials and others involved with the incident. She also indicated their sexual abuse incident reviews ordinarily occur within 30 of the completion of the investigation. The auditor also interviewed the agency PREA Coordinator and a sexual abuse incident review team member, all of which confirmed the review team considered all the requirements of 115.286(d).</p> <p>The auditor reviewed an example of a sexual abuse incident review provided by the facility. The agency refers to these reviews as “debriefings.” The example provided did not occur at the facility but illustrated what sexual abuse incident review documentation looks like and what questions are asked.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 and data collection memo dictate how agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The policy mandates the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The facility PAQ indicated the agency aggregates the incident-based sexual abuse data at least annually. The PAQ indicated the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PAQ indicated upon request, the agency has provided all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The facility PAQ indicated the agency obtained incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. It was determined during the onsite portion of the audit that the facility is owned and operated by the Missouri Department of Corrections and is not a</p>

	<p>contract facility. The PAQ should have been N/A under 115.287(e).</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Information provided in the PAQ indicated the agency reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The 2 most current annual reports were provided through the PAQ. The 2021 annual report included a comparison of the current year's data and corrective actions with those from prior years and provided an assessment of the agency's progress in addressing sexual abuse. The PAQ also indicated the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The auditor interviewed the agency Director who stated the department as a whole assess and improve housing assignments, video monitoring and staffing levels. They provide additional training to staff. In the last 2 years, the PREA Unit representative speaks at every basic training course. The Director reported he reviews and approves the agency's annual report.</p> <p>The auditor interviewed the PREA Coordinator. He indicated all data from PREA investigations is collected and stored. That information is then used to complete the Annual Survey of Sexual Victimization. He indicated the facility provides much of the data and is a cooperative process between the facility and PREA coordinators office. He also reported the agency takes corrective action on an ongoing basis.</p> <p>The auditor reviewed the agency annual report via the public website. The PAQ indicated the annual report is approved by the agency Director.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 and agency retention schedule related to data collection and retention for PREA related investigations and statistical information outlines how the agency ensures that data collected pursuant to § 115.287 is securely retained.</p> <p>Policy requires all sexual abuse data collected is maintained for at least 10 years after the date of initial collection. The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency remove all personal identifiers.</p> <p>The auditor interviewed the agency PREA Coordinator who stated the only sources of data is secured in the administration with event files, in IRIS, and Filebound which only investigations and facility administration has access to.</p> <p>During the course of the site review process the auditor observed physical storage locations of information that is documented and collected in hard copy format. All observed areas were locked in offices and double locked in filing cabinets to ensure the privacy and the safety of the information.</p> <p>The auditor reviewed the agency public website and confirmed through observation that the agency makes available aggregated sexual abuse data.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>The auditor reviewed the agency website which illustrated that each facility has been audited, specifically during the three-year audit cycle as required. The agency website also illustrated that at least one-third of each facility types operated by the agency has been audited.</p> <p>The auditor was provided full access to, and had the ability to observe all areas of</p>

	<p>the facility during the audit.</p> <p>The auditor was permitted to and received copies of any relevant documents (including electronically stored information) during the audit.</p> <p>The auditor was permitted to conduct private interviews with residents during the onsite portion of the audit.</p> <p>The auditor confirmed through photos of audit notices that the facility posted audit notices at least 6 weeks prior to the onsite portion of the audit. Physical notices of the audit were provided by the auditor and were posted in the most commonly spoken languages, English and Spanish.</p> <p>The auditor confirmed through resident conversations the process of sending and receiving mail. The residents indicated they could confidentially send correspondence to the auditor using regular mail procedures in advance of the audit.</p> <p>The auditor interviewed random residents at the facility who confirmed they were aware of the PREA audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, all Final Audit Reports. The review period is for prior audits completed during the past three years preceding this audit.</p> <p>The auditor reviewed the agency website and confirmed the existence of all the final PREA audit reports completed within the last 3 years.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	no

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes

PREA Facility Audit Report: Final

Name of Facility: Hannibal Community Supervision Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/07/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Matthew Taylor	Date of Signature: 07/07/ 2023

AUDITOR INFORMATION	
Auditor name:	Taylor, Matthew
Email:	mtaylor@azadc.gov
Start Date of On-Site Audit:	05/25/2023
End Date of On-Site Audit:	05/26/2023

FACILITY INFORMATION	
Facility name:	Hannibal Community Supervision Center
Facility physical address:	2002 Warren Barrett Drive, Hannibal, Missouri - 63401
Facility mailing address:	

Primary Contact	
Name:	Mandy Adams
Email Address:	mandy.adams@doc.mo.gov
Telephone Number:	5736298059

Facility Director	
Name:	Mandy Adams
Email Address:	mandy.adams@doc.mo.gov
Telephone Number:	5736298059

Facility PREA Compliance Manager	
Name:	Roxane Golian
Email Address:	Roxane.Golian@doc.mo.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	30
Average daily population for the past 12 months:	27
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-59
Facility security levels/resident custody levels:	field supervision
Number of staff currently employed at the	43

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	10
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12

AGENCY INFORMATION	
Name of agency:	Missouri Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	2729 Plaza Drive, Jefferson City, Missouri - 65109
Mailing Address:	P.O. Box 236, Jefferson City, Missouri - 65102
Telephone number:	5737512389

Agency Chief Executive Officer Information:	
Name:	Anne L. Precythe
Email Address:	Anne.Precythe@doc.mo.gov
Telephone Number:	573-526-6607

Agency-Wide PREA Coordinator Information			
Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-25
2. End date of the onsite portion of the audit:	2023-05-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor attempted to contact Just Detention International (JDI) through their website. Although I did not get any correspondence back for Hannibal Community Supervision Center directly, JDI had previously contacted me about another Missouri Department of Corrections facility. JDI did not report any concerns about the relevant conditions of any Missouri Department of Corrections facility in their correspondence.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	40
15. Average daily population for the past 12 months:	27
16. Number of inmate/resident/detainee housing units:	2

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	33
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The small size of this facility limited the auditor's ability to have formal interviews with specific resident populations during the onsite portion of the audit.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	24
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected residents at the facility based on availability in the housing unit areas. The limited population of this facility and the residents' ability to come and go from the facility presented some challenges but the auditor was able to meet required numbers of random resident interviews.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor selected residents at the facility based on availability in the housing unit areas. The limited population of this facility and the residents' ability to come and go from the facility presented some challenges but the auditor was able to meet required numbers of random resident interviews.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>1</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 1317 1469 1480"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 1525 1469 1608"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed rosters and documentation provided by the facility. Based on documentation, observations and interviews with staff and residents, it was determined that this category of resident was not at the facility during the onsite portion of the audit.

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 416 1469 577"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 622 1469 703"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed rosters and documentation provided by the facility. Based on documentation, observations and interviews with staff and residents, it was determined that this category of resident was not at the facility during the onsite portion of the audit.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1384 1469 1545"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1590 1469 1671"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed rosters and documentation provided by the facility. Based on documentation, observations and interviews with staff and residents, it was determined that this category of resident was not at the facility during the onsite portion of the audit.

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed rosters and documentation provided by the facility. Based on documentation, observations and interviews with staff and residents, it was determined that this category of resident was not at the facility during the onsite portion of the audit.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed rosters and documentation provided by the facility. Based on documentation, observations and interviews with staff and residents, it was determined that this category of resident was not at the facility during the onsite portion of the audit.

66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed rosters and documentation provided by the facility. Based on documentation, observations and interviews with staff and residents, it was determined that this category of resident was not at the facility during the onsite portion of the audit.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed rosters and documentation provided by the facility. Based on documentation, observations and interviews with staff and residents, it was determined that this category of resident was not at the facility during the onsite portion of the audit.

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed rosters and documentation provided by the facility. Based on documentation, observations and interviews with staff and residents, it was determined that this category of resident was not at the facility during the onsite portion of the audit.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
If "Other," describe:	The auditor interviewed both male and female staff at the facility to determine differences in training and experiences interacting with residents.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☐ Medical staff
- ☐ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

a. Explain why you were unable to review any sexual abuse investigation files:

The facility reported they have not had any sexual abuse investigations within the last 12 months proceeding the audit. This information was also confirmed through the PREA Coordinator.

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility reported they have not had any sexual harassment investigations within the last 12 months proceeding the audit. This information was also confirmed through the PREA Coordinator.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The purpose of the audit of the facility, the auditor did previously review investigative files from other Missouri Department of Corrections facilities. Agency investigators could be responsible for conducting investigations at this facility. Therefore, investigations in general and how they are carried out was important for the auditor to assess for overall compliance determinations.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Department policy D1-8.13 outlines the agency's zero tolerance towards all forms of sexual abuse and sexual harassment for all facilities it directly operates. Policy D1-8.13 outlines how the agency implements its approach to preventing, detecting and responding to incidents of sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the sanctions for those who are found to have participated in prohibited behaviors. The policy includes a comprehensive description of the strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>The Missouri Department of Corrections employs an upper-level agency-wide PREA coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA coordinator falls under the agency's Office of the Director and Office of Professional Standards. A review of the agency's organizational chart illustrated this hierarchy. An interview with the agency PREA Coordinator Darren Snellen also confirmed his</p>

	<p>position and authority.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Missouri Department of Corrections does not currently enter into contracts for the confinement of residents in their facilities. This information was illustrated in the pre-audit questionnaire (PAQ) and confirmed through an interview with the agency's contract administrator.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has developed and documented its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. The facility provided a copy of the 2022 staffing level plan which outlined all three shifts' normal staffing patterns and numbers as well as a critical staffing chart. The facility indicated in the PAQ the average number of daily residents of which the staffing plan was predicated was 34.</p> <p>During the site review process the auditor actively observed the number of staff and volunteers that were visually present. All areas of the facility were observed by the auditor which included the single resident housing units, segregation areas, education and programming locations. The auditor carefully observed staff line of sight and any potential blind spots throughout the facility. During the site review, video monitoring was carefully observed and reviewed to determine if the use of the technology augmented and supported staff supervision. During the site review the auditor had informal conversations with staff regarding supervision practices.</p> <p>Informal conversations were also conducted with inmates at the facility regarding staffing presence and how staffing impacts access to programming, education and</p>

	<p>daily activities.</p> <p>The facility reported through the PAQ there have not been any deviations to the staffing plan within the last 12 months. However, it was reported that if there were deviations to the staffing plan, they would be documented. This information was also confirmed during the interview with the facility administrator.</p> <p>A PREA staffing plan 2022 was provided by the facility. This evaluation illustrated that at least once every year the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan, the deployment of monitoring technology and allocation of resources to commit to the staffing plan to ensure compliance with the plan. An interview with the agency PREA coordinator also substantiated his involvement with the staffing plan evaluation at the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The facility reported through the PAQ that they do not conduct cross-gender strip or cross-gender visual body cavity searches of residents. Policy P4-4.13 and D1-8.13 restricts cross-gender strip or cross-gender visual body cavity searches except in exigent circumstances. The facility also reported in the PAQ in the past 12 months they have conducted zero cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>During the site review process, the auditor visually observed areas within the facility where staff conducted strip searches of residents. The auditor observed designated strip search areas allowed for privacy either through barriers or privacy screens to prevent potential cross-gender viewing. The auditor also had informal conversations with random security staff who indicated staff of the opposite gender do not conduct these types of searches.</p> <p>The facility reported through the PAQ that no female residents are housed at the facility.</p> <p>Policy D1-8.13 requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.</p> <p>Policies D1-8.13 and P4-4.13 illustrate the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change</p>

clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

During the site review process, the auditor observed the single housing unit at the facility and areas where residents would have opportunity to shower, use the toilet, or change their clothes. Video monitoring technology was reviewed by the auditor and no camera footage observed indicated residents could be seen in a state of undress, using the shower or toilet by staff of the opposite gender. The auditor observed the facility has implemented verbal announcement over loudspeakers in the housing unit when female staff on working on post in housing unit. Additionally, the facility has a visual sign that is hung in conspicuous areas of the housing unit, alerting residents of female staff presence.

The auditor conducted interviews with random staff throughout the facility.

Overwhelmingly staff indicated female staff regularly announce their presence prior to entering a housing unit. Staff also indicated they felt residents had the ability to shower and use the restroom without female staff seeing them in a state of undress.

Interviews were also conducted with random residents throughout the facility.

Overwhelmingly residents felt they had privacy when showering and using the restroom because female staff almost never entered the bathroom areas when inmates were utilizing them.

Policy D1-8.13 prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The facility reported in the PAQ that have not conducted any such searches in the last 12 months.

The auditor conducted interviews of random staff throughout the facility. No staff interviewed indicated they would ever search a transgender or intersex inmate solely for the purpose of determining the inmate's genital status. The auditor was unable to interview transgender residents at the facility because there were none at the facility during the onsite portion of the audit.

Policy D1-8.13, training logs and Divisional Searches Training Plan were provided by the facility outlining training specific to searches of transgender and intersex residents in a professional and respectful manner. The PAQ indicated that 100 percent of security staff have completed the required training.

The auditor conducted interviews with random staff throughout the facility. All security staff indicated they had received training on how to conduct professional and respectful searches of transgender and intersex residents.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.

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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Department policy D1-8.13 illustrates the facility's established procedures to provide disabled residents equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provided their current contracts for on demand interpretation services which included sign language. The facility also has established procedures for residents that are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The two most common languages spoken at the facility are English and Spanish. The facility provided posters and brochures that are placed in conspicuous locations throughout the facility to assist inmates that are disabled and are limited English proficient.</p> <p>During the site review the auditor made observations in the single housing unit and tested the availability of services provided by telephone. The auditor was able to test these services in English and Spanish. The auditor observed in the housing unit that written information was readily available in obvious and conspicuous locations where residents reside and congregate. All material observed was provided in both English and Spanish.</p> <p>Interviews were conducted with the agency Director and resident with a disability. The resident reported they received PREA educational materials in a way they could understand.</p> <p>Policy D1-8.13 prohibits the use of resident interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties under 115.64, or the investigation of the resident's allegations. The facility reported that they have not had any instances where resident interpreters were utilized.</p> <p>Interviews with random staff and residents with disabilities were conducted. Interviews supported the facility's adherence to established policy and procedures. The facility did not have any residents at the facility that were considered limited English proficient at the time of the onsite portion of the audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.217	Hiring and promotion decisions
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1477 745">Agency policies D2-2.2, D2-2.8, D2-13.1 and D2-2.8 outline the prohibition from hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="279 790 1294 857">The auditor conducted file reviews of staff and volunteers at the facility substantiating these requirements.</p> <p data-bbox="279 902 1469 1014">Agency policy D1-8.13 requires consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="279 1059 1422 1126">The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.</p> <p data-bbox="279 1171 1469 1451">Agency policy D2-2.8 requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility reported during the last 12 months, they hired 12 persons who may have contact with residents all of whom have had criminal background checks.</p> <p data-bbox="279 1541 1422 1608">The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.</p> <p data-bbox="279 1653 1294 1720">The auditor conducted file reviews of staff and volunteers at the facility substantiating these requirements.</p> <p data-bbox="279 1765 1477 1966">Agency policy D2-2.8 requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The facility reported that in the last 12 months they have entered into 12 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.</p> <p data-bbox="279 2011 1422 2078">The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.</p>

	<p>The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.</p> <p>Agency policy D2-11.14 requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. It was noted by the auditor that agency policy actually requires background checks on all employees, contractors and volunteers every year on the person's birth month.</p> <p>The auditor interviewed human resource staff at the facility which confirmed the requirements under this provision.</p> <p>The auditor conducted file reviews of staff, contractors and volunteers at the facility substantiating these requirements.</p> <p>Agency policy D2-2.23 requires that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>According to information provided by the facility in the PAQ, they have not acquired a new facility or made a substantial expansion or modification to the existing facilities since August 20, 2012, or since the last PREA audit.</p> <p>The auditor conducted interviews with the agency Director and facility administrator that confirmed the information provided in the PAQ.</p> <p>According to information provided by the facility in the PAQ, facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p>The auditor conducted interviews with the agency Director and facility administrator that confirmed the information provided in the PAQ.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1477 712">Based on information provided by the facility in the PAQ, the facility is responsible for conducting administrative sexual abuse investigations, including inmate-on-inmate sexual abuse or staff sexual misconduct. In the PAQ the facility reported they were responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). In the PAQ they reported when they conduct sexual abuse investigations, the agency investigators follow a uniform evidence protocol. Policy D1-8.8 outlines the agency's uniform evidence protocol. The facility coordinated response protocol also outlines procedures that staff are required to follow when an incident of sexual abuse occurs.</p> <p data-bbox="279 790 1414 913">The auditor interviewed multiple random staff working throughout the facility to assess staff knowledge of the required technical detail to aid responders in obtaining usable physical evidence.</p> <p data-bbox="279 947 1469 1025">Information provided in the PAQ indicated that youth were not housed at the facility. However, the protocol established by the agency is appropriate for youth.</p> <p data-bbox="279 1059 1453 1261">Information provided in the PAQ indicated the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p data-bbox="279 1294 1461 1664">Information provided in the PAQ indicated the facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility as no medical staff work inside the facility. The facility indicated that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility also indicated they document efforts to provide SANEs or SAFEs. This information was evidenced by the provided SANE Hospital listing and the Department's Coordinated Response Plan.</p> <p data-bbox="279 1697 1426 1865">The PAQ indicated the facility conducted zero forensic medical exams during the past 12 months, zero exams were performed by SANEs/SAFEs during the past 12 months and zero exams performed by a qualified medical practitioner during the past 12 months.</p> <p data-bbox="279 1899 1477 2022">Information provided in the PAQ indicated the facility is contracted with Delta Area Economic Opportunity Corporation to make available to the victim a victim advocate from a rape crisis center.</p> <p data-bbox="279 2056 1353 2089">The auditor conducted interviews with the PREA Coordinator who confirmed</p>

	<p>compliance with the requirements of this standard and provisions. The auditor was unable to interview any residents at the facility that reported sexual abuse because there were no residents at the facility that reported sexual abuse during the onsite portion of the audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). The facility reported that in the last 12 months there have been zero allegations of sexual abuse and sexual harassment that were received. The facility reported through the PAQ there were zero allegations resulting in an administrative investigation. There were zero allegations referred for criminal investigation.</p> <p>The auditor interviewed the Director of the agency that confirmed the facility conducts criminal and administrative investigations related to sexual abuse and sexual harassment.</p> <p>Policies D1-8.1 and D1-8.4 require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Information in the PAQ indicated the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.</p> <p>The auditor interviewed investigative staff who confirmed there was a policy in place as required in this provision.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 and provided training plan illustrate that the agency trains all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The PAQ and policy indicated that training is tailored to the gender of the residents at the facility and employees who are reassigned from facilities housing the opposite gender are given additional training. Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. Employees receive refresher training every two years. The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>The auditor interviewed a random sampling of staff throughout the facility, all of which indicated they had been fully trained on PREA and their responsibilities as employees of the Department and confirmed the frequency of training.</p> <p>The auditor reviewed employee training records which illustrated the agency's compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The training module "Volunteers in Corrections Training" illustrated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The PAQ</p>

	<p>indicated there were a total of 12 volunteers and contractors (who may have contact with residents) who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility reported the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ indicated the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The auditor interviewed a volunteer at the facility, who confirmed they had received PREA training from the agency. There were no contract staff that work at the facility during the onsite portion of the audit.</p> <p>The auditor reviewed volunteer training records which illustrated compliance with this standard.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy D1-8.13 dictates that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Policy also requires that residents who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. Resident PREA education handouts, flyers and brochures illustrate compliance with this standard. The PAQ indicated there were 102 residents that were admitted during the past 12 months all of which were given PREA educational material. The facility reported there were zero residents transferred from a different community confinement facility during the past 12 months.</p> <p>The auditor interviewed intake staff at the facility who confirmed they provided all required PREA information to residents during the intake process. The auditor also interviewed a random sampling of residents throughout the facility. All residents reported receiving PREA information during intake and within 72 hours of entering the facility.</p>

	<p>The auditor spot checked resident records during the course of the audit illustrating residents received PREA related training and educational materials during the intake process or within 72 hours of intake. Residents also signed an acknowledgment form indicating they received the aforementioned training.</p> <p>During the site review process, the auditor was unable to observe an actual intake because there were no new residents entering the facility. The auditor did have a formal interview with a security staff member who fully explained the intake process. Informational material was provided to residents via literature, which was available in both English and Spanish formats. Staff explained they speak with residents directly to ascertain if there are individuals that need additional assistance based on limited English proficiency or who were disabled, deaf, who were blind or have low vision and those that may have a cognitive disability. The auditor visually observed all areas of the facility and noted that signage was readily available throughout the facility, visually easy to read, clearly indicated what services were available to residents and available in English and Spanish formats.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy D1-8.13 requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Investigators also receive specialized training that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility PAQ also provided the training modules illustrating the training provided to its investigators. The facility reported there are a total of 10 investigators that have completed the required training.</p> <p>The auditor interviewed investigative staff from OPS who confirmed they had received the required training.</p> <p>The auditor reviewed training records of investigators which further confirmed the completion the required training.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information in the facility PAQ reported that medical and mental health staff do not work regularly in this facility.</p> <p>Information provided in the PAQ was confirmed through interviews with facility administration and through the auditor's direct observations while onsite. Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies D1-8.13 and P4-4.5 require screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. This policy also requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Policy also requires the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Finally, policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability. The facility reported in the PAQ there were a total of 91 residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. In the PAQ the facility provided a copy of their "Risk of Victimization and Abusiveness Screening Tool." The risk screening tool minimally considers 1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4)</p>

Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; (9) The resident's own perception of vulnerability; and (10) Whether the resident is detained solely for civil immigration purposes.

During the site review process, the auditor confirmed who was responsible for conducting the risk screening of residents at the facility. The auditor was unable to sit through an actual risk screening of a resident at the facility because there were no intakes during the onsite portion of the audit. The auditor did have an intake screening staff member explain the entire risk screening process as if conducting a mock screening. The auditor confirmed the screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. The auditor assessed whether screening staff ask screening questions in a manner that fosters comfort and elicits responses. The auditor also tested the method for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility, including whether:

- Screening staff use an instrument to collect information during the risk screening process.
- Screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).
- Screening staff use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment.
- Completion of the risk screening instrument returns a subsequent "score" or determination of risk of being sexually abused or being sexually abusive.

During the site review process, the auditor observed the safeguards the facility had in place to protect sensitive information related the risk screening process.

Sensitive information was only accessed by approved staff and were either locked in filing cabinets or electronic access which was password protected for authorized staff.

The auditor interviewed staff responsible for the risk screening process who confirmed risk screening takes place within 72 hours of arrival at the facility. The auditor also interviewed random residents throughout the facility who all confirmed adherence to this provision.

The auditor spot-checked resident's records at the facility which indicated residents were screened within 72 hours of their intake and that residents were reassessed for their risk of victimization or of being sexually abusive within 30 days after their arrival based upon any additional, relevant information received since intake.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy D1-8.13 addresses how the facility makes individualized determinations about how to ensure the safety of each resident. It also dictates how the facility in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The facility provided examples of risk screening information and how they use the information to make housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p>
	<p>The auditor interviewed the PREA Coordinator and staff responsible for risk screening at the facility that confirmed adherence to individualized determinations for residents in the facility and agency wide. They also confirmed placement and programming assignments for each transgender or intersex resident are reassessed at least twice each year to review any threats to safety experienced by the resident.</p> <p>The auditor was unable to interview any transgender or intersex residents at the facility because there were none currently housed in the facility during the onsite portion of the audit. The auditor confirmed this with facility leadership and through direct observation and conversations with residents.</p> <p>During the site review process the auditor observed showers in housing units with doors that enabled transgender and intersex residents to shower separately from other residents.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 addresses the multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or</p>

violation of responsibilities that may have contributed to such incidents. This policy also mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Policy D1-8.13 addresses a method for staff to privately report sexual abuse and sexual harassment of residents. The provided employee handbook confirms that staff are immediately required to document verbal reports. The PAQ included an MOU with the Missouri Department of Safety which provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

During the site review process the auditor actively observe all posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage observed included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Signage was provided in both English and Spanish the other most commonly spoken language at the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The auditor observed the information on the signage was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone numbers. The auditor observed signage on how to report sexual abuse and sexual harassment both internal and external reporting methods. The auditor also observed the generalized locations of resident mailboxes and receptacles placed throughout the facility where all residents had access. Mailboxes were secure with locking mechanisms and only authorized staff at the facility has access to these boxes, which were never handled by other residents. The auditor successfully tested external reporting by phone which initially did not work as required because the line was not being actively monitored. The auditor worked directed with the agency PREA Coordinator to diagnose the issue. It was determined that voicemails for community confinement facilities were not actively being monitored. This glitch was identified and resolved before the conclusion of the onsite portion of the audit. The auditor also noted that residents at the facility also have access to their own mobile phones at the facility. The ability for residents to make calls at their discretion further enhances and facilitates reporting.

The auditor interviewed random staff throughout the facility who were overwhelmingly aware of how to confidentially report incidents of sexual abuse and sexual harassment that was outside of their immediate chain-of-command or administration. The auditor also interviewed random residents at the facility who were aware of reporting mechanisms for incidents of sexual abuse and sexual harassment.

Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy P7-1.7 and illustrates the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. This same policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. residents are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The policy allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policy also illustrates that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The agency's policy requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Policy allows third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.</p> <p>Agency policy has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Agency policy dictates residents may be disciplined for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. The facility PAQ reported there were zero grievances filed within the last 12 months alleging sexual abuse. The PAQ also indicated there were a total of zero emergency grievances alleging substantial risk of imminent sexual abuse filed within the last 12 months. The PAQ indicated there were zero grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith within the last 12 months.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review</p>

	observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 provides direction on how the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility PAQ indicated and provided an MOU they currently have with Avenues for Northeast Missouri Inc. for advocacy services provided at the facility.</p> <p>The facility provided both English and Spanish versions of PREA information posters outlining emotional support services are provided in writing or by phone to Just Detention International, RAINN and Avenues for Northeast Missouri Inc., by mail or telephone at no charge.</p> <p>During the site review process the auditor observed signage specific to emotional support services that clearly details the services and how to make contact with ongoing emotional support. Residents have the ability to contact these agencies by a facility provided phone or could use their own personal mobile phones. The auditor's assessment of this process was that it was easy to operate, residents understood how to make contact with these outside agencies, they could do so without financial cost and there was reasonable access for those residents considered limited English proficient and disabled.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The facility PAQ illustrated multiple methods to receive third-party reports of sexual abuse and sexual harassment and how they distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The auditor reviewed the external agency website which provided a telephone number, the ability to write directly to the PREA Unit for the Missouri Department of Corrections and the ability to email directly to the Missouri Department of Corrections.</p> <p>During the site review process the auditor observed clear and obvious signage related to third-party reporting throughout the facility including public areas which can be accessed by family members, friends, advocates and attorneys.</p> <p>The auditor chose to test the third-party reporting email reporting mechanism during the audit process. The auditor was able to clearly and easily submit an email test complaint which the facility promptly responded to.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also contains language indicating apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The facility also provided an excerpt from Missouri Revised Statutes related to mandatory reporting responsibilities further illustrating this requirement.</p> <p>During the site review process the auditor observed how the facility processed all types of methods of reporting for staff, volunteers and contractors. Reporting methods were available on demand and to all staff/supervisory staff at the facility.</p> <p>The auditor interviewed random staff throughout the facility who all reported their duty to report all instances of sexual abuse and sexual harassment immediately. The duty to report was also a requirement for instances of retaliation for individuals who reported or witnessed instances of sexual abuse or harassment.</p>

	<p>The auditor was unable to interview medical and mental health staff at the facility because there are none assigned to work at the facility.</p> <p>The auditor interviewed the facility administrator and Agency PREA Coordinator who confirmed that if an alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Interviews also confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the facility's designated investigators.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policies P4-4.5 and D1-8.13 dictate when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The facility PAQ reported during the last 12 months there were zero instances when the agency determined a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>The auditor interviewed the agency Director, facility administrator and a sampling of random staff throughout the facility all of which indicated that immediate action is taken to protect a resident the facility learns is at risk of imminent sexual abuse and articulated part of the agency coordinated response plan.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 dictates that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that</p>

	<p>received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This agency policy also requires that notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The policy requires the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The facility PAQ indicated that over the past 12 months they have received zero allegations that a resident was abused while confined at another agency. The PAQ reported they document they provide such notifications within 72 hours of receiving these allegations. The PAQ indicated over the past 12 months there have been zero allegations of sexual abuse the facility received from other facilities.</p> <p>The auditor interviewed the agency Director and facility administrator who both confirmed the agency response to allegations of sexual abuse and sexual harassment received from outside agencies and for allegations made inside a facility that occurred at another facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 provides clear guidance that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. This policy also requires if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ reported there were zero allegations of resident sexual abuse reported at the facility. The PAQ indicated there have been zero instances where an allegation of sexual abuse occurred and the first responder was not security staff.</p>

	<p>The auditor interviewed both random security staff and non-security staff first responders who confirmed their immediate steps to protect residents and collect evidence without destruction. The auditor was unable to interview any residents who reported sexual abuse at the facility. The facility is extremely small and the auditor confirmed the lack of this population through facility documentation and interviews with staff and residents.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The PAQ indicated they have a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership (Coordinated Response Plan).</p> <p>The auditor interviewed the facility administrator who confirmed the existence of a facility coordinated response plan.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D2-11.6, the provided collective bargaining memo and Labor agreement between the State of Missouri Department of Corrections and Missouri Corrections Officers Association illustrated that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation of, or a determination of whether and to what extent discipline is warranted.</p>

	<p>The auditor interviewed the agency Director who confirmed any agreements entered into permit the agency from removing alleged staff sexual abusers from contact with any resident pending an investigation or a determination of whether and to what extent to discipline.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policy D1-8.13 establishes a process to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. This policy requires that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated the facility designates a specific staff member with monitoring possible retaliation. The PAQ indicated there were zero instances of retaliation that occurred in the past 12 months.</p> <p>The auditor interviewed the agency Director who reported retaliation monitoring on all victims, witnesses, and reporting parties. He also explained the retaliation monitoring process and how long monitoring takes place. Interview with the facility administrator and staff member charged with monitoring retaliation reported they monitor housing changes, transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.271	Criminal and administrative agency investigations
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	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policy D1-8.1 requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The PAQ indicated that all substantiated allegations of conduct that appear to be criminal are referred for prosecution. The PAQ reported there were zero allegations at the facility that were referred for criminal prosecution since the last PREA audit. The facility provided their retention schedule regarding criminal and administrative investigations related to sexual abuse.</p> <p>The auditor interviewed investigative staff who confirmed that all investigations are handled promptly and professionally regardless of how the information is received, including third-party reports. The investigator confirmed investigators received specialized training regarding investigating sexual abuse in confinement settings. The auditor was unable to review investigative files at the facility during the onsite portion of the audit. The facility did not have any investigative files to share with the auditor because of the infrequency of sexual abuse and sexual harassment allegations that occur at such a small facility. The auditor decided to use agency wide investigations from other facilities operated under the Missouri Department of Corrections to triangulate the agency-wide handling of sexual abuse and sexual harassment investigations. The auditor observed investigations, for the most part, that were conducted promptly, thoroughly and objectively. Investigative files reviewed also illustrated that investigators gathered and preserved direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewed alleged victims, suspected perpetrators, and witnesses; and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p>Investigative files reviewed indicated that when the quality of evidence appeared to support criminal prosecution, the agency conducted compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p>During the site review process the auditor observed physical storage areas where investigative files would be stored. This information was under lock and key and only those individuals authorized to use the information had access. Any electronic means of storage was password protected.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.272	Evidentiary standard for administrative investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies D1-8.4, D1-8.1 and D1-8.13 outline that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The auditor interviewed investigative staff during the audit who confirmed the preponderance of evidence standard requirement.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 requires that following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The policy also requires that following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy additionally requires that following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The policy requires that all such notifications or attempted notifications are documented. The facility PAQ reported there were zero cases of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months.</p> <p>The auditor interviewed the facility administrator and investigative staff, both of which confirmed that residents are always advised of the outcomes of investigations. There were no residents at the facility who reported sexual abuse at the facility during the onsite portion of the audit. This information was confirmed</p>

	<p>through facility documentation and conversations with staff and residents at the facility. The facility did not have any investigative files to share with the auditor because of the infrequency of sexual abuse and sexual harassment allegations that occur at such a small facility. The auditor decided to use agency wide investigations from other facilities operated under the Missouri Department of Corrections to triangulate the agency-wide handling of sexual abuse and sexual harassment investigations and the reporting of outcomes to residents.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Agency policies D2-11.10 and D1-8.13 dictate that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy D2-11.10 outlines the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This policy also dictates that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the PAQ the facility provided examples of staff that were terminated as the presumptive disciplinary for staff who have engaged in sexual abuse. The PAQ indicated there were zero staff cases in the last 12 months that resulted in termination for violating agency sexual abuse or sexual harassment policies. The PAQ indicated in the past 12 months there was zero staff members from the facility that had been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.277	Corrective action for contractors and volunteers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies D1-8.13 and D2-13.1 dictate that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated there had been zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents. The PAQ indicated the facility takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The auditor interviewed the facility administrator who stated she would review policy and procedure first and foremost and immediately remove the contractors and volunteers from resident contact.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 indicate that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Policy D1-8.13 dictates that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This policy also prohibits all sexual activity between residents and may discipline residents for such activity. The PAQ reported that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The facility indicated there have been zero cases of administrative or criminal findings of resident-on-resident sexual abuse that have occurred at the facility in the last 12 months.</p> <p>The auditor interviewed the facility administrator who confirmed the disciplinary</p>

	<p>process for residents accused of resident-on-resident abuse. The auditor was unable to interview medical and mental health staff at the facility because they do not regularly have these types of staff working at the facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility PAQ indicated there are no medical or mental health care practitioners that work at the facility.</p> <p>This was confirmed by the auditor through direct observation. The facility provided a memo indicating medical care is given to residents at Hannibal Regional Hospital and mental health care is provided at Mark Twain Behavioral Health. The PAQ indicated security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. The PAQ indicated resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Agency policy D1-8.13 dictates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The auditor interviewed security staff at the facility and they were overwhelmingly able to convey what was essentially part of their coordinated response plan when a sexual abuse incident occurs.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Agency Policy D1-8.13 dictates facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The policy requires that all resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and treatment services are provided without financial cost to the resident. The policy also dictates that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The auditor was unable to interview medical or mental health staff at the facility because there are none that regularly work at the facility. The auditor was able to confirm this through direct observation during the onsite portion of the audit. The auditor was not able to interview residents that reported sexual abuse because the facility reported there were no residents at the facility during the onsite portion of the audit. The auditor was able to confirm this information through formal and informal conversations with residents and direct observation.</p> <p>During the site review process the auditor confirmed through direct observation and records provided that it was a male facility.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy D1-813 requires that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The policy requires the sexual abuse incident review team to consist of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility reported they have had zero investigations in the last 12 month that alleged sexual abuse. The PAQ indicated the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>The auditor was unable to review examples of completed sexual abuse incident reviews during the onsite portion of the audit because they have not had any investigations of sexual abuse reported in the last 12 months.</p>

	<p>The auditor interviewed the agency Director who confirmed the existence of a sexual abuse incident review team that included all required upper-level management officials and others involved with the incident. The auditor also interviewed the agency PREA Coordinator and a sexual abuse incident review team member, all of which confirmed the review team considered all the requirements of 115.286(d).</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy D1-8.13 and data collection memo dictates how agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The policy mandates the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The facility PAQ indicated the agency aggregates the incident-based sexual abuse data at least annually. The PAQ indicated the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PAQ indicated upon request, the agency has provided all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The facility PAQ indicated the agency obtained incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. It was determined during the onsite portion of the audit that the facility is owned and operated by the Missouri Department of Corrections and is not a contract facility. The PAQ should have been N/A under 115.287(e).</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>Information provided in the PAQ indicated the agency reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The 2 most current annual reports were provided through the PAQ. The 2021 and 2022 annual reports included a comparison of the current year's data and corrective actions with those from prior years and provided an assessment of the agency's progress in addressing sexual abuse. The PAQ also indicated the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The auditor interviewed the agency Director, PREA Coordinator and PREA Compliance Manager who all verified the requirements of this standard and provision is being met.</p> <p>The auditor reviewed the agency annual report via the public website. The PAQ indicates the annual report is approved by the agency Director.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and inmates, the facility is substantially compliant with this standard and all of its provisions.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy D1-8.13 and agency retention schedule related to data collection and retention for PREA related investigations and statistical information outlines how the agency ensures that data collected pursuant to § 115.287 is securely retained. The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency remove all personal identifiers.</p> <p>The auditor interviewed the agency PREA Coordinator who stated the only sources of data is secured in the administration with event files, in IRIS, and Filebound which only investigations and facility administration has access to.</p> <p>During the course of the site review process the auditor observed physical storage locations of information that is documented and collected in hard copy format. All observed areas were locked in offices and double locked in filing cabinets to ensure the privacy and the safety of the information.</p> <p>The auditor reviewed the agency public website and confirmed through observation that the agency makes available aggregated sexual abuse data.</p>

	Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>The auditor reviewed the agency website which illustrated that each facility has been audited, specifically during the three-year audit cycle as required. The agency website also illustrated that at least one-third of each facility types operated by the agency has been audited.</p> <p>The auditor was provided full access to, and had the ability to observe all areas of the facility during the audit.</p> <p>The auditor was permitted to and received copies of any relevant documents (including electronically stored information) during the audit.</p> <p>The auditor was permitted to conduct private interviews with residents during the onsite portion of the audit.</p> <p>The auditor confirmed through photos of audit notices that the facility posted audit notices at least 6 weeks prior to the onsite portion of the audit. Physical notices and electronic notices were provided in both English and Spanish.</p> <p>The auditor interviewed random residents at the facility who confirmed they were aware of the PREA audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The agency has published on its agency website, all Final Audit Reports. The review period is for prior audits completed during the past three years preceding this audit.</p> <p>Based on a review of the PAQ, provided policies, procedures, documents, site review observations and interviews conducted with staff and residents, the facility is substantially compliant with this standard and all of its provisions.</p>
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes